

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0021896

DOCUMENT # N35984

1. Entity Name

FLORIDA CHAPTER OF THE NATIONAL FLIGHT NURSES AS

04-24-2001 90288 038 ****70.00

Principal Place of Business

Mailing Address

CINDY POWSER
 682 TUSCORA DR
 WINTER SPRINGS FL 32708
 US

CINDY POWSER
 682 TUSCORA DR
 WINTER SPRINGS FL 32708
 US

2. Principal Place of Business

John Scott

3. Mailing Address

John Scott

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13519 Ironton Dr

13519 Ironton Dr

City & State

City & State

Tampa, Fl

Tampa, Fl

Zip

Country

Zip

Country

33626

USA

33626

USA

4. FEI Number

59-3021971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUMMERS, DAVID A
 231 MOCCASIN TRAIL WEST
 JUPITER FL 33458-8028**

Name

John Scott

Street Address (P.O. Box Number is Not Acceptable)

13519 Ironton Drive

City

Tampa

FL

Zip Code

33626

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.17.01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	SUMMERS, DAVID	
STREET ADDRESS	231 MOCCASIN TRAIL WEST	
CITY-ST-ZIP	JUPITER FL	
TITLE	V	☒ Delete
NAME	SCOTT, JOHN	
STREET ADDRESS	2 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	☒ Delete
NAME	PEARCE, JOSEPH	
STREET ADDRESS	4000 CONWAY PLACE CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	JORDAN, GLENN	
STREET ADDRESS	6808 COLUMBIA AVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	☒ Delete
NAME	POWSER, CINDY	
STREET ADDRESS	682 TUSCORA DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	☐ Delete
NAME	DAVIS, PAULA	
STREET ADDRESS	1924 SW 146TH ST	
CITY-ST-ZIP	NEWBERRY FL 32669	

TITLE	President	☒ Change ☐ Addition
NAME	John Scott	
STREET ADDRESS	13519 Ironton Drive	
CITY-ST-ZIP	Tampa, FL 33626	☐ Change ☒ Addition
TITLE	VP	
NAME	Michelle Kenly	
STREET ADDRESS	10210-95th St. North	
CITY-ST-ZIP	Seminole, FL 33777	☒ Change ☐ Addition
TITLE	D	
NAME	David Summers	
STREET ADDRESS	231 Moccasin Trail West	
CITY-ST-ZIP	Jupiter, FL 33458	☐ Change ☐ Addition
TITLE	ST	☒ Change ☒ Addition
NAME	Sharon Chandler	
STREET ADDRESS	214 Shirley Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32661	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.17.01

813-844-7758

CR2E037 (01/00)

Attachment
**NATIONAL FLIGHT NURSES ASSOCIATION
ANNUAL CHAPTER FINANCIAL REPORT**

FLORIDA Chapter

824763

#N35984

INCOME AND EXPENSE STATEMENT – Fiscal year ending 2000

INCOME (Revenue)

Member Dues and Fees	\$ <u>135.00</u>
Education Program Income	<u>210.00</u>
Interest	<u> </u>
Other (list each item separately)	<u> </u>
	<u> </u>
	<u> </u>

TOTAL INCOME

\$ 345.00

EXPENSES (Disbursements)

Educational Programs/ <i>Provider</i>	<u>100.00</u>
Newsletter /WEB Page <i>Number</i>	<u>70.00</u>
Postage	<u> </u>
Letterhead	<u> </u>
Donations (<i>Bayflight Mem. Fund</i>)	<u>300.00</u>
Miscellaneous (List more than \$100 separately)	<u> </u>
<i>BANK Charges</i>	<u>180.00</u>
<i>Corporation fee</i>	<u>70.00</u>
<i>NURSING AWARD</i>	<u>63.90</u>
	<u> </u>

TOTAL EXPENSES

\$ 783.90

TOTAL ASSETS AS OF _____

Checking Accounts	\$ <u>1991.07</u>
Savings Accounts	<u> </u>
Fixed Assets	<u> </u>

TOTAL ASSETS:

\$ 1991.07

[Signature]
President's Signature

[Signature]
Treasurer's Signature

12-31-00
Date