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Jan 15 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N37619 (6)**

1. Corporation Name

SOCIETY FOR GERIATRIC NURSING, INC.

Principal Place of Business

Mailing Address

% BRENDA MCKENZIE
5200 NE 2ND AVE
MIAMI FL 33137
US% BRENDA MCKENZIE
5200 NE 2ND AVE.
MIAMI FL 33137-2706
US

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

10/23/1996

4. FEI Number

65-0172863

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, BRENDA
4920 JEFFERSON STREET
HOLLYWOOD FL 33021

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MCKENZIE, BRENDA, R.N.
STREET ADDRESS 4920 JEFFERSON ST.
CITY - ST - ZIP HOLLYWOOD FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME DUNKLEY, MONICA RN
STREET ADDRESS 1340 NW 190TH ST.
CITY - ST - ZIP MIAMI FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE DT ☐ DELETE
NAME REID, SONIA
STREET ADDRESS 8553 CLARIDGE DR.
CITY - ST - ZIP MIRAMAR FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE DS ☐ DELETE
NAME WILSON-HEW, ELMINA
STREET ADDRESS 16321 SW 146 CT.
CITY - ST - ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BULLOCK, CLITIE
STREET ADDRESS 20 NW 60TH CT.
CITY - ST - ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE DV ☐ DELETE
NAME YORKE, ANN
STREET ADDRESS 2320 NW 175TH ST.
CITY - ST - ZIP MIAMI FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028286

CR2E037 (9/96)