

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90051 025 ****61.25

DOCUMENT # N37619

1. Corporation Name

SOCIETY FOR GERIATRIC NURSING, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **1735 N TREASURE DR**

2a. Mailing Address

26 **1735 N TREASURE DRIVE**

Suite, Apt. #, etc.

22 **NORTH BAY VILLAGE**

Suite, Apt. #, etc.

27 **North Bay Village**

City & State

23 **FLORIDA**

City & State

28 **Florida**

Zip

24 **33141**

Country

Zip

29 **33141**

Country

30

3. Date Incorporated or Qualified

04/10/1990

4. FEI Number

65-0172863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCKENZIE, BRENDA
4920 JEFFERSON STREET
HOLLYWOOD FL 33021

BRENDA MCKENZIE
2500 S UNIVERSITY
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name **Mc KENZIE BRENDA**
82 Street Address (P.O. Box Number is Acceptable)
2500 S UNIVERSITY Dr # 2B
83
84 City **Davie** FL 85 Zip Code **33328**

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

CLITIE BULLOCK

Challick

3-16-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MCKENZIE, BRENDA, R.N.**
STREET ADDRESS **4920 JEFFERSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ DELETE
NAME **DUNKLEY, MONICA RN**
STREET ADDRESS **1340 NW 190TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☒ DELETE
NAME **REID, SONIA**
STREET ADDRESS **8553 CLARIDGE DR.**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **DS** ☐ DELETE
NAME **WILSON-HEW, ELMINA**
STREET ADDRESS **16321 SW 146 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **BULLOCK, CLITIE**
STREET ADDRESS **20 NW 60TH CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ DELETE
NAME **YORKE, ANN**
STREET ADDRESS **2320 NW 175TH ST.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **MCKENZIE BRENDA RN**
1.3 STREET ADDRESS **2500 S UNIVERSITY DRIVE**
1.4 CITY-ST-ZIP **DAVIE FL 33328**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **SONIA REID**
2.3 STREET ADDRESS **17495 SW 29TH ST.**
2.4 CITY-ST-ZIP **MIRAMAR FL 33029**

3.1 TITLE **D.T** ☒ Change ☐ Addition
3.2 NAME **SELBY ELENA**
3.3 STREET ADDRESS **1904 EMBASSY BLVD.**
3.4 CITY-ST-ZIP **MIRAMAR FL 33023**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Clitie Bullock 3/16/99 305 751-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)