FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42587** **(8)**

1. Corporation Name

SOCIETY FOR EDUCATION AND RESEARCH IN PSYCHIATRI C-MENTAL HEALTH NURSING, INC. (SERPN)

Principal Place of Business	Mailing Address
437 TWIN BAY DRIVE PENSACOLA FL 32534-1350	437 TWIN BAY DRIVE PENSACOLA FL 32534-1350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1991**
3a. Date of Last Report: **04/06/1994**
4. FEI Number: **59-3041888** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) / Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PUETZ, BELINDA E.
SERPN NATIONAL OFFICE
437 TWIN BAY DRIVE
PENSACOLA FL 32534-1350

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CHISHOLM, MARGERY	1.2 NAME	Belinda E. Puetz	
STREET ADDRESS	360 HUNTINGTON AVE.	1.3 STREET ADDRESS	437 Twin Bay Drive	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	CLEMENT, JEANNE A.	2.2 NAME	Melva Jo Hendrix	
STREET ADDRESS	1585 NEIL AVE.	2.3 STREET ADDRESS	760 Rose Street	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	Lexington, KY	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BARRELL, LORNA MILL	3.2 NAME	Mary Ann Boyd	
STREET ADDRESS	8443 ABBEY RD	3.3 STREET ADDRESS	233 Oak Tree Drive	
CITY-ST-ZIP	RICHMOND VA	3.4 CITY-ST-ZIP	Columbia, IL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, PATRICIA	4.2 NAME		
STREET ADDRESS	7758 STATE ROAD 62	4.3 STREET ADDRESS		
CITY-ST-ZIP	LANESVILLE IN	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JAFFE-JOHNSON, SANDRA	5.2 NAME	Carol A. Glod	
STREET ADDRESS	STATE UNIVERSITY OF NY	5.3 STREET ADDRESS	115 Mill Street	
CITY-ST-ZIP	STONY BROOK NY	5.4 CITY-ST-ZIP	Belmont, MA	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GREINER, DORIS	6.2 NAME	Catherine Kane	
STREET ADDRESS	UNIV OF AL	6.3 STREET ADDRESS	University of VA	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	Charlottesville, VA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Belinda E Puetz 4-26-95 904-474-9024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BELINDA E. PUETZ

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