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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

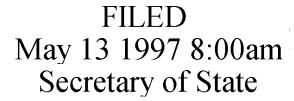
SOCIETY FOR EDUCATION AND RESEARCH IN PSYCHIATRI C-MENTAL HEALTH NURSING, INC. (SERPN)

Principal Place of Business

Mailing Address

407 THEN DAY DON'T

497 TWIN BAY DOWE





PENSACOLA FL 32534-1350		PENSACOLA FL 32534-1350						
					3. Date Incorporated or Qualified 03/20/1991	3a. Date of 02/	Last Report 07/1996	
L . '	lace of Business	2a. Mailing Address	+		4. FEI Number 59-3041888		Applied For	
	Grow Drive	26 7794 Grow 1	Drive	<u></u>	08-304 1000		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 7	3.75 Additional Fee Required	
City & State		City & State	13.7		6. Election Campaign Financing	\$	5.00 May Be	
Pensacola, FL		Pensacola,			Trust Fund Contribution		Added to Fees	
Z ₁₀ 3251	[25]	Zip 32514 30	Country	s.		Yes 🔀 No)	
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New Re	gistered/Agen	<u>t</u>	
			81	Name				
	BELINDA E.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
SERPN NATIONAL OFFICE			83				······································	
	IN BAY DRIVE		53					
PENSAL	OLA FL 32534-1350		84	City	***************************************	FL 85	Zip Code	
11 Durayant	to the previous of Castings 617 0503	and 617 1509 Florida Statuton	the char	n namad	corneration a brothe this statement for the m		alan ita ragistara	
office or r agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autions of Section 617.0503, Florida.	horized by da Statute	the corps.	corporation submits this statement for the p poration's board of directors. I hereby accep	or pose of char of the appointm	ent as registered	
SIGNATURE .					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
12.	Signature, typed or printed name of registered agent		13.	ni signaluri	e required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRI	ECTORS IN 12	
TITLE	PD	M DELETE	1.1 TITLE		ADDITIONO/OFFARIAZE TO OFFICE		change Addition	
NAME	CHISHOLM, MARGERY	ham?	1.2 NAME					
STREET ADDRESS	360 HUNTINGTON AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	BOSTON MA		1.4 City - 5					
TITLE	PD	☐ DELETE	2.1 TITLE		President	Ž (Change 🔲 Additio	
NAME	HENDRIX, MELVA JO		2.2 NAME		Melva Jo Hendrix			
STREET AUDRESS	760 ROSE STREET		2.3 STREET	ADDRESS	760 Rose Street			
CITY-ST-ZIP	LEXINGTON KY		2.4 CITY-	ST-ZIP	Lexington, KY			
TITLE	SD	☐ DELETE	3.1 TITLE				Change Additio	
NAME	Boyd, Mary ann		3.2 NAME		·			
STREET ADDRESS	233 OAK TREE DRIVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA IL		3.4. CITY-	ST• ZIP				
TITLE	TD	☐ DELETE	4.1 TITLE			Ü	Change	
NAME	HOWARD, PATRICIA		4. 2 NAME					
STREET ADDRESS	7758 STATE ROAD 62		4.3 STREET	,				
CITY-ST-ZIP	LANESVILLE IN	DELETE	4.4 CITY - 5	T-ZIP			Change Addition	
TITLE	D CAROL A	CT DELEGE	5.1 TITLE				ARTHUR LL ADDITIO	
NAME CERTET ADODESS	GOLD, CAROL A. 115 MILL STREET		5.2 NAME	Inneco		•		
STREET ADDRESS	BELMONT MA		5.3 STREET					
CITY-ST-7HP THILE	DECMONT MA	DELETE	5.4 CITY - S 6.1 TITLE	1-211		111	Change Additio	
NAME	KANE, CATHERINE	and present	6.2 NAME					
STREET ADDRESS	UNIVERSITY OF VA		6.3 STREET	ANNOTOR				
CITY-ST-ZIP	CHARLOTTESVILLE VA		6.4 CITY - S					
UIIT-31~ZIF	OF INTERPOLITION TO		0.9 (1117-)) * ZIF	1			

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 frostee 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 attackment with an address.

SIGNATURE: