

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

07-31-2002 90103 029 ****70.00

DOCUMENT # N44422

1. Entity Name

FLORIDA LEAGUE FOR NURSING, INC.

Principal Place of Business

Mailing Address

P. O. BOX ~~536985~~ **536985**
 ORLANDO FL 32853-3877
 US **6985**

P. O. BOX ~~536985~~ **536985**
 ORLANDO FL 32853-3877
 US **6985**

41900

2. Principal Place of Business

3. Mailing Address

PO Box 536985

PO Box 536985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32853-6985** Country

Zip **32853-6985** Country

4. FEI Number

59-3077137

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERSE, SELMA
4200 CONGRESS AVE
LAKE WORTH FL 33481

Name **CHRISTOPHER MARTORELLA**
 Street Address (P.O. Box Number is Not Acceptable)

1426 NW 117 TERR
 City **GAINESVILLE** FL Zip Code **32606**

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

Christopher Martorella - **TREASURER**

7-26-02

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	VP	NAME	MALASANOS, LOIS	STREET ADDRESS	P O BOX 100187	CITY-ST-ZIP	GAINESVILLE FL 32610	☒ Delete
TITLE	P	NAME	TALLEY, NANCY R	STREET ADDRESS	2410 N. RIVERSIDE DR	CITY-ST-ZIP	TAMPA FL 33602	☒ Delete
TITLE	D	NAME	PETROZELLA, CAROL	STREET ADDRESS	8240 NW 14TH ST	CITY-ST-ZIP	CORAL SPRINGS FL 33071	☒ Delete
TITLE	T	NAME	VERSE, SELMA	STREET ADDRESS	4200 CONGRESS AVE	CITY-ST-ZIP	LAKE WORTH FL 33461	☒ Delete
TITLE	D	NAME	LABADIE, ROBERT DR	STREET ADDRESS	15800 NW 42ND AVE	CITY-ST-ZIP	MIAMI FL 33054	☒ Delete
TITLE	D	NAME	DIXON, ALMA Y	STREET ADDRESS	840 MARY MCLEOD BETHUNE B1	CITY-ST-ZIP	DAYTONA BEACH FL 32114	☒ Delete

TITLE	P	NAME	LINDA J. WASHINGTON-BROWN	STREET ADDRESS	3701 CHESTNUT ST H-41	CITY-ST-ZIP	PHILADELPHIA, PA 19104	☐ Change ☒ Addition
TITLE	VP	NAME	YVONNE PARACHMENT	STREET ADDRESS	12281 SW 144 TERR	CITY-ST-ZIP	MIAMI, FL 33186	☐ Change ☒ Addition
TITLE	T	NAME	CHRISTOPHER MARTORELLA	STREET ADDRESS	1426 NW 117 TERR	CITY-ST-ZIP	GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE	S	NAME	JOAN PANCHAL	STREET ADDRESS	250 CAROLINA AVE	CITY-ST-ZIP	WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE	E D	NAME	MARYDELLE POLK	STREET ADDRESS	8321 BOUNTY RD	CITY-ST-ZIP	FORT MYERS FL 33912	☐ Change ☒ Addition
TITLE	E D	NAME	CAROLYN BROWN	STREET ADDRESS	1530 NW 5 ST	CITY-ST-ZIP	BOCA RATON, FL 33486	☐ Change ☒ Addition

CR2E037 (9/01)

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: *Christopher Martorella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

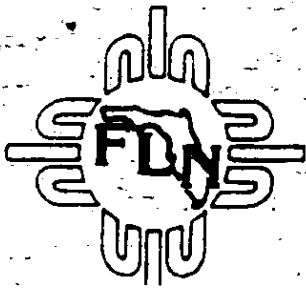
CHRISTOPHER MARTORELLA

7-26-02

Date

352-265-0183

Daytime Phone #



Attachment Doc. # N44422
Florida League For Nursing
41906

August 19, 2002

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

SUBJECT: Florida League for Nursing, Inc.

REFERENCE NUMBER: N44422

To Whom It May Concern:

I am in receipt of your communication dated August 2, 2002 (copy enclosed) and have made the revisions requested.

Please let me know if further information is required.

Sincerely,

Christopher Martorella
Treasurer
Florida League for Nursing, Inc.
PO Box 536985
Orlando, FL 32853-6985

Enclosures (2)