


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90525 035 \*\*\*\*61.25

<b>DOCUMENT # N44422</b> 1. Entity Name <b>FLORIDA LEAGUE FOR NURSING, INC.</b>					
Principal Place of Business <b>P. O. BOX 536985 ORLANDO, FL 32853-6985 US</b>			Mailing Address <b>P. O. BOX 536985 ORLANDO, FL 32853-6985 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072004    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-3077137</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTORELLA, CHRISTOPHER 1426 NW 117 TERR GAINESVILLE, FL 32606</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>36 CHOCTAW TRAIL</b> City <b>ORMOND BEACH</b> FL    Zip Code <b>32174</b>	
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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE: <i>Christopher Martorella</i> <b>CHRISTOPHER MARTORELLA, TREASURER</b> 2-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLK, MARYDELLE		NAME	PANCHAL, JOAN	
STREET ADDRESS	8321 BOUNTY RD		STREET ADDRESS	250 CAROLINA AV, 304 B	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CAROLYN		NAME		
STREET ADDRESS	1530 NW 5 ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON-BROWN, LINDA J		NAME		
STREET ADDRESS	PO BOX 172706		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33017		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNES, KRIMSLEY V		NAME	BROWNE-KRIMSLEY	
STREET ADDRESS	1519 CLEARLAKE RD		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCHILD, SUSAN		NAME		
STREET ADDRESS	1451 W. FAIRWAY RD		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTORELLA, CHRISTOPHER		NAME		
STREET ADDRESS	1426 NW 117 TERR		STREET ADDRESS	36 CHOCTAW TRAIL	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	ORMOND BEACH FL	
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: <i>Christopher Martorella</i> <b>CHRISTOPHER MARTORELLA, TREASURER</b> 2-9-04    386-254-4060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					