

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90385 006 ****61.25

DOCUMENT # N44422

1. Entity Name

FLORIDA LEAGUE FOR NURSING, INC.



Principal Place of Business

P. O. BOX 536985
ORLANDO FL 32853-6985
US

Mailing Address

P. O. BOX 536985
ORLANDO FL 32853-6985
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

MARTORELLA, CHRISTOPHER
36 CHOCTAW TR
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name **Violeta Aguilar-Figuely**

Street Address (P.O. Box Number is Not Acceptable)

3035 Lakewood Dr

Weston FL 33332

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **PANCHAL, JOAN**
STREET ADDRESS **250 CAROLINA AVE, 304 B**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ Delete
NAME **BROWN, CAROLYN**
STREET ADDRESS **1530 NW 5 ST**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PD** ☐ Delete
NAME **WASHINGTON-BROWN, LINDA J**
STREET ADDRESS **PO BOX-172706**
CITY-ST-ZIP **HALEAH FL 33017**

TITLE **VPD** ☒ Delete
NAME **BROWNE-KRIMSLEY, V**
STREET ADDRESS **1519 CLEARLAKE RD**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **TD** ☒ Delete
NAME **MARTORELLA, CHRISTOPHER**
STREET ADDRESS **36 CHOCTAW TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President-elect** ☐ Change ☒ Addition
NAME **Violeta Aguilar-Figuely**
STREET ADDRESS **3035 Lakewood Dr**
CITY-ST-ZIP **Weston FL 33332**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Board of Directors Members** ☐ Change ☒ Addition
NAME **Carol Petrozella**
STREET ADDRESS **8240 NW 14 Street Coral Springs FL 33071**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Barbara MacDonagh**
STREET ADDRESS **14631 Balgowan Rd #104**
CITY-ST-ZIP **Miami Lakes FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Violeta Aguilar-Figuely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05 (w) 305-237-4219
(H) 954-384-2045