

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N49824** (8)

1. Corporation Name

SEXUAL ASSAULT NURSE EXAMINERS, INC.



Principal Place of Business

Mailing Address

**1643 SUNBURST WAY
KISSIMMEE FL 34744
US**

**1643 SUNBURST WAY
KISSIMMEE FL 34744
US**

3. Date Incorporated or Qualified **07/09/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3133488

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Kissimmee FL**

27 **Kissimmee FL**

Zip

Country

Zip

Country

24 **34744**

25 **Usceola**

29 **34744**

30 **Usceola**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, SARAH
1643 SUNBURST WAY
KISSIMMEE FL 34744**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **TP**
STREET ADDRESS **COX, SARAH**
CITY-ST-ZIP **342 COLONY COURT
KISSIMMEE FL**

1.2 NAME
1.3 STREET ADDRESS **1643 Sunburst Way**
1.4 CITY-ST-ZIP **Kissimmee FL 34744**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **TST**
STREET ADDRESS **STEOFF, PAM**
CITY-ST-ZIP **9114 WINDJAMMER
ORLANDO FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MIRANTI, JOSEPH**
CITY-ST-ZIP **714 W. BRYAN STREET
KISSIMMEE FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **EDDY, DONNA**
CITY-ST-ZIP **20 S. ROSE, SUITE 2
KISSIMMEE FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **PATEL, BARRY**
CITY-ST-ZIP **591 OAK COMMONS BLVD, SUITE
KISSIMMEE FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Sarah Ann Cox** Resident SAME Inc 4/3/96 (407) 932-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)