FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 06, 1999 8:00 am
Secretary of State
08-06-1999 90009 005 ****61.25

DOCUMENT # N93000003615

1. Corporation Name
FLORIDA ORGANIZATION OF NURSE EXECUTIVES, INC.

Principal Place of Business	Mailing Address
307 PARK LAKE CIR. ORLANDO FL 32803 US	P. O. BOX 533992 ORLANDO FL 32853 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/06/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3225578 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32803 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~WASHBURN, LENORA~~
307 PARK LAKE CIR
ORLANDO FL 32853

10. Name and Address of New Registered Agent

81 Name Yvonne Torres
82 Street Address (P.O. Box Number is Not Acceptable) 307 Park Lake Circle
83
84 City Orlando FL 85 Zip Code 32803

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 Yvonne M. Torres Yvonne Torres Adm. Asst 4/29/99
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	D	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	SIPPEL, PHYLLIS		1.2 NAME	Ivette Carver	
STREET ADDRESS	307 PARK LAKE CIRCLE		1.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP	Orlando FL 32803	
TITLE	TD	☐ DELETE	2.1 TITLE	Past President	☑ Change ☐ Addition
NAME	FORMELLA, NANCY		2.2 NAME	Alice Lanford	
STREET ADDRESS	307 PARK LAKE CIRCLE		2.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP	Orlando FL 32803	
TITLE	PD	☐ DELETE	3.1 TITLE	President Elect	☑ Change ☐ Addition
NAME	LANFORD, ALICE		3.2 NAME	Pamela Hardesty	
STREET ADDRESS	307 PARK LAKE CIRCLE		3.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP	Orlando FL 32803	
TITLE	SD	☐ DELETE	4.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	HARDESTY, PAM		4.2 NAME	Linda O'Leary	
STREET ADDRESS	307 PARK LAKE CIRCLE		4.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP	Orlando FL 32803	
TITLE		☐ DELETE	5.1 TITLE	Secretary	☑ Change ☐ Addition
NAME			5.2 NAME	Joyce Pareigis	
STREET ADDRESS			5.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando FL 32803	
TITLE		☐ DELETE	6.1 TITLE	Director at Large	☑ Change ☐ Addition
NAME			6.2 NAME	Jennifer Taylor	
STREET ADDRESS			6.3 STREET ADDRESS	307 Park Lake Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando FL 32803	

14. 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 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, with all other like empowered.

SIGNATURE: Ivette SIGNATURE REQUIRED President 4/24/99 4074269060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #