

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003622 (8)**

1. Corporation Name

FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**307 PARK LAKE CR
ORLANDO FL 32853
US**

**PO BOX 533992
ORLANDO FL 32853-3992
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1993		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-3225580		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOY, JAN
307 PARK LAKE CIR
ORLANDO FL 32853**

81 Name	LENORA WASHBURN		
82 Street Address (P.O. Box Number is Not Acceptable)	307 PARK LAKE CIRCLE		
83			
84 City	ORLANDO	85 State	FL
		86 Zip Code	32853

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 *Lenora Washburn* DATE **3/5/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANFORD, ALICE	1.2 NAME	ALICE LANFORD
STREET ADDRESS	307 PARK LAKE CIRCLE	1.3 STREET ADDRESS	307 PARK LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32853	1.4 CITY-ST-ZIP	ORLANDO FL 32853
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOLDMAN, VIRGINIA	2.2 NAME	Phyllis Sippel
STREET ADDRESS	307 PARK LAKE CIRCLE	2.3 STREET ADDRESS	307 PARK LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32853	2.4 CITY-ST-ZIP	ORLANDO FL 32853
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MCCOY, JAN	3.2 NAME	PAMELA HARDESTY
STREET ADDRESS	307 PARK LAKE CIR	3.3 STREET ADDRESS	307 PARK LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32853	3.4 CITY-ST-ZIP	ORLANDO FL 32853
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIPPEL, PHYLLIS	4.2 NAME	Joanne Mason
STREET ADDRESS	307 PARK LAKE CIR	4.3 STREET ADDRESS	307 PARK LAKE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32853	4.4 CITY-ST-ZIP	ORLANDO FL 32853
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FETTERMAN, MARCIA	5.2 NAME	
STREET ADDRESS	307 PARK LAKE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32853	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *Jan McCoy* DATE **4-12-97**

CR2E037 (9/96)