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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000003622

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

Principal Place of Business	Mailing Address
307 PARK LAKE CR ORLANDO FL ~~32853~~ US	PO BOX 533982 ORLANDO FL 32853 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3225580 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate 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 CIRCLE
ORLANDO FL 32853

10. Name and Address of New Registered Agent

81 Name: Yvonne M. 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 (Signature, typed or printed name of registered agent and title if applicable) Yvonne M. Torres, Adm. Asst. (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANFORD, ALICE 307 PARK LAEK CIRCLE ORLANDO FL 32803	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition President Yvette Carver 307 Park LAke Circle Orlando FL 32803 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIPPEL, PHYLLIS 307 PARK LAKE CIRCLE ORLANDO FL 32803	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Past President Alice LAnford 307 Park LAke Circle Orlando FL 32803 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARDESTY, PAMELA 307 PARK LAKE CIR ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition President Elect Pamela Hardesty 307 Park LAke Circle Orlando FL 32803 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORMELLA, NANCY 307 PARK LAKE CIR ORLANDO FL 32803	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition Treasurer Linda O'Leary 307 Park LAke Circle Orlando FL 32803 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition Secretary Joyce Parkigis 307 Park LAke Circle Orlando FL 32803 (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition Director at Large Jennifer Taylor 307 Park LAke Circle Orlando FL 32803 (D)

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: [illegible] TITLE: Yvette Carver President DATE: 4/30/99 Daytime Phone #: 4074269000

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