

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 AM 12:26

DOCUMENT # **N94000001847 (2)**

1. Corporation Name

**CONRADINA CHAPTER, F.N.P.S., INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2112 S HELEN ST  
MELBOURNE FL 32901**

Mailing Address  
**PO BOX 1543  
MELBOURNE FL 32902-1543**

3. Date Incorporated or Qualified  
**04/12/1994**

3a. Date of Last Report

4. FEI Number  
**59-3251333**

Applied For  
 Not Applicable

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25

Country  
30

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent  
**DONALDSON, CAMERON  
2112 S HELEN ST  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZARILLO, KIM A
STREET ADDRESS	760 CAJEPUT CIR
CITY - ST - ZIP	MELBOURNE VILLAGE FL 32904
TITLE	D
NAME	STEWART, MARTHA
STREET ADDRESS	996 NEVADA DR NE
CITY - ST - ZIP	PALM BAY FL 32907
TITLE	D
NAME	CASH, VICKY
STREET ADDRESS	2165 MAINE ST
CITY - ST - ZIP	W MELBOURNE FL 32904
TITLE	D
NAME	LOWRY, PAUL
STREET ADDRESS	1924 POINSETTA BLVD S
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	D
NAME	HAMES, MARGARET
STREET ADDRESS	667 ACACIA AVE
CITY - ST - ZIP	MELBOURNE VILLAGE FL 32904
TITLE	D
NAME	DOLAN, SHARON
STREET ADDRESS	485 MAPLE ST
CITY - ST - ZIP	W MELBOURNE FL 32904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DONALDSON, CAMERON	
13 STREET ADDRESS	2112 S. HELEN ST.	
14 CITY - ST - ZIP	MELBOURNE, FL 32901	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	STEWART, MARTHA	(INCORRECT SPELLING TITLE)
23 STREET ADDRESS	996 NEVADA DR., N.E.	
24 CITY - ST - ZIP	PALM BAY, FL 32907	
31 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CASH, VICKY	(TITLE)
33 STREET ADDRESS	2165 MAINE ST.	
34 CITY - ST - ZIP	WEST MELBOURNE, FL 32904	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LOWRY, PAUL	(DELETE)
43 STREET ADDRESS	(AS SHOWN TO LEFT)	
44 CITY - ST - ZIP		
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	STEWART, TRUDY	
53 STREET ADDRESS	3391 CABBAGE PALM AVE.	
54 CITY - ST - ZIP	MELBOURNE, FL 32901	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	STEWART, TERRY	
63 STREET ADDRESS	3391 CABBAGE PALM AVE.	
64 CITY - ST - ZIP	MELBOURNE, FL 32901	

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 110.07(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 in an attachment with an address.

SIGNATURE: *Cameron Donaldson* (407) 994-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR