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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

DOCUMENT # N94000001847 (2)

1. Corporation Name

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

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

04/12/1995

4. FEI Number

59-3251333

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ZARILLO, KIM A
STREET ADDRESS 760 CAJUPUT CIR
CITY - ST - ZIP MELBOURNE VILLAGE FL 32904

TITLE S
NAME STEUART, MARTHA
STREET ADDRESS 996 NEVADA DR NE
CITY - ST - ZIP PALM BAY FL

TITLE ~~T~~
NAME CASH, VICKY
STREET ADDRESS 2165 MAINE ST
CITY - ST - ZIP W MELBOURNE FL

TITLE P
NAME DONALDSON, CAMERON
STREET ADDRESS 2112 S. HELEN ST.
CITY - ST - ZIP MELBOURNE FL

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

S/T
STEUART, MARTHA
996 NEVADA DRIVE NE
PALM BAY, FL 32907

D
TRAVIS MCLENDON
3385 KENT DRIVE
MELBOURNE, FL 32935

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

5/13/96

Date

HM #407-768-2472

WK #407-952-3428

Daytime Phone #

CR2E037 (12/95)