

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

6/20/94 B-6532 C

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DONALDSON, CAMERON 2112 S HELEN ST MELBOURNE FL 32901		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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARILLO, KIM A	1.2 NAME	
STREET ADDRESS	760 CAJEPUT CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEUART, MARTHA	2.2 NAME	
STREET ADDRESS	996 NEVADA DR NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASH, VICKY	3.2 NAME	
STREET ADDRESS	2165 MAINE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, CAMERON	4.2 NAME	
STREET ADDRESS	2112 S. HELEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMES, MARGARET	5.2 NAME	
STREET ADDRESS	667 ACACIA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, SHARON	6.2 NAME	
STREET ADDRESS	485 MAPLE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL 32904	6.4 CITY-ST-ZIP	

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: *Mortham* SECRETARY/TREASURER 5/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)