

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001847 (2)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2112 S HELEN ST
MELBOURNE FL 32901**

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



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

3. Date Incorporated or Qualified

04/12/1994

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**

7. Is this nonprofit corporation a homeowners association?



Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☒ No

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARILLO, KIM A	1.2 NAME	LOWRY, PAUL
STREET ADDRESS	760 CAJEPUT CIR	1.3 STREET ADDRESS	1824 POINSETTA BLVD.
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	1.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" 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	32907
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLENDON, TRAVIS	3.2 NAME	
STREET ADDRESS	3385 KENT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	32935
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	32901
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMES, MARGARET	5.2 NAME	RHODES, FREDIA
STREET ADDRESS	667 ACACIA AVE	5.3 STREET ADDRESS	152 WEST PASCO LANE
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	5.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	D <input type="checkbox"/> DELETE	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 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:

Margaret Hames

4/29/98

407-768-2472

CR2E037 (10/97)