

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2112 S HELEN ST MELBOURNE FL 32901</b>	Mailing Address <b>PO BOX 1543 MELBOURNE FL 32902-1543</b>
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3. Date incorporated or Qualified <b>04/12/1994</b>	
4. FEI Number <b>59-3251333</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip Country
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9. Name and Address of Current Registered Agent <b>DONALDSON, CAMERON 2112 S HELEN ST MELBOURNE FL 32901</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZARILLO, KIM A</b>	1.2 NAME	<b>LOWRY, PAUL</b>
STREET ADDRESS	<b>760 CAJEPUT CIR</b>	1.3 STREET ADDRESS	<b>1824 POINSETTA BLVD.</b>
CITY-ST-ZIP	<b>MELBOURNE VILLAGE FL 32904</b>	1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEUART, MARTHA</b>	2.2 NAME	
STREET ADDRESS	<b>996 NEVADA DR NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	<b>32907</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLENDON, TRAVIS</b>	3.2 NAME	
STREET ADDRESS	<b>3385 KENT DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	<b>32935</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONALDSON, CAMERON</b>	4.2 NAME	
STREET ADDRESS	<b>2112 S. HELEN ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	<b>32901</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMES, MARGARET</b>	5.2 NAME	<b>RHODES, FREDIA</b>
STREET ADDRESS	<b>667 ACACIA AVE</b>	5.3 STREET ADDRESS	<b>152 WEST PASCO LANE</b>
CITY-ST-ZIP	<b>MELBOURNE VILLAGE FL 32904</b>	5.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLAN, SHARON</b>	6.2 NAME	
STREET ADDRESS	<b>485 MAPLE ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W MELBOURNE FL 32904</b>	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

CFR2E037 (10/97)