

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 025 ****61.25

DOCUMENT # N94000001847
1. Corporation Name
CONRADINA CHAPTER, F.N.P.S., INC.

Principal Place of Business Mailing Address
2112 S. HELEN ST. P.O. BOX 1543
MELBOURNE, FL 32901 MELBOURNE, FL
32902-1543

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/12/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3251333
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 25	29 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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	STEUART, MARTHA W.
STREET ADDRESS		1.3 STREET ADDRESS	996 NEVADA DRIVE N.E.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DOLAN, BRENT
STREET ADDRESS		2.3 STREET ADDRESS	485 MAPLE ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	LOWRY, PAUL
STREET ADDRESS		3.3 STREET ADDRESS	1824 POINSETTA BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MELBOURNE, FL 32901-4221
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DONALDSON, CAMERON
STREET ADDRESS		4.3 STREET ADDRESS	2112 S. HELEN ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MCLENDON, TRAVIS
STREET ADDRESS		5.3 STREET ADDRESS	3385 KENT DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

MARTHA W. STEUART, PRES.

Date

Daytime Phone #

H (407) 7682472
WK(407) 952-3428

CR2E037 (11/98)