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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 04/12/1994  
22 City & State 27 City & State 4. FEI Number 59-3251333 Applied For Not Applicable  
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  
24 25 29 30 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
DONALDSON, CAMERON 81 Name  
2112 S. HELEN ST. 82 Street Address (P.O. Box Number is Not Acceptable)  
MELBOURNE, FL 32901 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 DELETED 1.1 TITLE P STEUART, MARTHA W. Change Addition  
NAME 1.2 NAME 996 NEVADA DRIVE N.E.  
STREET ADDRESS 1.3 STREET ADDRESS PALM BAY, FL 32907  
CITY-ST-ZIP 1.4 CITY-ST-ZIP  
TITLE VP DELETED 2.1 TITLE V. Change 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 DELETED 3.1 TITLE T Change 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 DELETED 4.1 TITLE S. Change 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 DELETED 5.1 TITLE D Change 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 DELETED 6.1 TITLE Change 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 Date Daytime Phone #  
MARTHA W. STEUART, PRES. H (407) 768-2472  
WK(407) 952-3428

CR2E037 (11/98)