

2000 UNIFORM BUSINESS REPORT (UBR)

8/24/00-90033-037-\$61.25-\$61.25

DOCUMENT # N94000001847

1. Entity Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 3:04

AJ074285



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2112 S HELEN ST MELBOURNE FL 32901	Mailing Address PO BOX 1543 MELBOURNE FL 32902-1543
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3251333	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DONALDSON, CAMERON
2112 S HELEN ST
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWRY, PAUL	
STREET ADDRESS	1824 POINSETTA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEUART, MARTHA	
STREET ADDRESS	996 NEVADA DR NE	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEUART, MARTHA	
STREET ADDRESS	996 NEVADA DR NE	
CITY-ST-ZIP	PALM BAY FL 32907	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSHEFSKI, EDMUND	
STREET ADDRESS	1165 SANDDUNE LANE #103	
CITY-ST-ZIP	MELBOURNE, FL 32935-5262	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCLENDON, TRAVIS	
STREET ADDRESS	3385 KENT DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	J.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, PAUL	
STREET ADDRESS	1824 POINSETTIA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901-4221	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, CAMERON	
STREET ADDRESS	2112 S. HELEN ST.	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANN-SMYTH, DONNA	
STREET ADDRESS	2692 LORNA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935-2844	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RHODES, FREDIA	
STREET ADDRESS	152 WEST PASCO LANE	
CITY-ST-ZIP	COCOA BEACH FL 32931	

TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, CAMERON	
STREET ADDRESS	2112 S. HELEN ST.	
CITY-ST-ZIP	MELBOURNE, FL 32901	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, SHARON	
STREET ADDRESS	485 MAPLE ST	
CITY-ST-ZIP	W MELBOURNE FL 32904	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 7/27/2000 Daytime Phone #: 321-952-3428

CRE037 (5/00)