

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001847

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CONRADINA CHAPTER, F.N.P.S., INC.

Current Principal Place of Business:

2112 S HELEN ST
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 1543
MELBOURNE, FL 329021543

New Mailing Address:

FEI Number: 59-3251333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, CAMERON
2112 S HELEN ST
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEUART, MARTHA
Address: 996 VEVADA DRIVE NE
City-St-Zip: PALM BAY, FL 32907

Title: V () Delete
Name: LUSHEFSKI, EDMUND
Address: 1165 SANDUNE LANE #103
City-St-Zip: MELBOURNE, FL 329355262

Title: D () Delete
Name: MCLENDON, TRAVIS
Address: 3385 KENT DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: LOWRY, PAUL
Address: 1824 POINSETTA BLVD
City-St-Zip: MELBOURNE, FL 329014221

Title: D () Delete
Name: DOLAN, SHARON
Address: 2395 MAPLE STREET
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: DONALDSON, CAMERON
Address: 2112 S. HELEN STREET
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FILLINGIM, DEBRA
Address: 831 REMSEN AVE
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change () Addition
Name: WEICHMAN, KAREN
Address: 627 ACACIA AVE
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: D (X) Change () Addition
Name: LEE, DOTTIE
Address: 1221 HOUSTON ST
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA FILLINGIM

TD

04/29/2002

Electronic Signature of Signing Officer or Director

Date