

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90042 046 \*\*\*\*61.25

<b>DOCUMENT # N94000001847</b> 1. Entity Name <b>CONRADINA CHAPTER, F.N.P.S., INC.</b>					
Principal Place of Business <b>2112 S HELEN ST MELBOURNE, FL 32901</b>			Mailing Address <b>PO BOX 1543 MELBOURNE, FL 32902-1543</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3251333</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DONALDSON, CAMERON 2112 S HELEN ST MELBOURNE, FL 32901</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>STEUART, MARTHA</b> <b>996 VEVADA DRIVE NE</b> <b>PALM BAY, FL 32907</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>STEUART, MARTHA</b> <b>996 NEVADA DRIVE NE</b> <b>PALM BAY, FL. 32907</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GIZ-PERNAS, LESLIE</b> <b>444 S CRESCENT DR</b> <b>MELBOURNE, FL 32901</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>PERNAS-GIZ, LESLIE</b> <b>444 S. CRESCENT DRIVE</b> <b>MELBOURNE FL. 32901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCLENDON, TRAVIS</b> <b>3385 KENT DRIVE</b> <b>MELBOURNE, FL 32935</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MACCLENDON, TRAVIS</b> <b>3385 KENT DRIVE</b> <b>MELBOURNE FL. 32935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FILLINGIM, DEBRA</b> <b>831 REMSEN AVE</b> <b>PALM BAY, FL 32907</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>LOWRY, EDWINA</b> <b>1824 POINSETTIA BLVD</b> <b>MELBOURNE, FL. 32901</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WEICHMAN, KAREN</b> <b>627 ACACIA AVE</b> <b>MELBOURNE VILLAGE, FL 32904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOLAN, SHARON</b> <b>2395 MAPLE STREET</b> <b>WEST MELBOURNE FL 32904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LOWRY, PAUL</b> <b>1824 POINSETTIA BLVD</b> <b>MELBOURNE, FL 32901</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CRAWFORD, CHRISTINE</b> <b>2143 ROCKLEDGE DR.</b> <b>ROCKLEDGE FL, 32955</b>	
12. 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 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.					
<b>SIGNATURE: <u>Edwina Lowry, Treas. (EDWINA LOWRY)</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>FEB 27, 2004 321-723-1244</b> <small>Date Daytime Phone #</small>	