


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # N94000001847**

1. Entity Name  
**CONRADINA CHAPTER, F.N.P.S., INC.**



Principal Place of Business  
**2112 S HELEN ST  
 MELBOURNE, FL 32901**

Mailing Address  
**PO BOX 1543  
 MELBOURNE, FL 32902-1543**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-3251333**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STEUART, MARTHA</b> <b>996 VEVADA DRIVE NE</b> <b>PALM BAY, FL 32907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>STEUART, MARTHA</b> <b>996 NEVADA DRIVE NE</b> <b>PALM BAY, FL. 32907</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GIZ-PERNAS, LESLIE</b> <b>444 S CRESCENT DR</b> <b>MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>PERNAS-GIZ, LESLIE</b> <b>444 S. CRESCENT DRIVE</b> <b>MELBOURNE FL. 32901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCLENDON, TRAVIS</b> <b>3385 KENT DRIVE</b> <b>MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>MACLENDON, TRAVIS</b> <b>3385 KENT DRIVE</b> <b>MELBOURNE FL. 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FILLINGIM, DEBRA</b> <b>831 REMSEN AVE</b> <b>PALM BAY, FL 32907</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>LOWRY, EDWINA</b> <b>1824 POINSETTIA BLVD</b> <b>MELBOURNE, FL. 32901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEICHMAN, KAREN</b> <b>627 ACACIA AVE</b> <b>MELBOURNE VILLAGE, FL 32904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLAN, SHARON</b> <b>2395 MAPLE STREET</b> <b>WEST MELBOURNE FL 32904</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOWRY, PAUL</b> <b>1824 POINSETTIA BLVD</b> <b>MELBOURNE, FL 32901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWFORD, CHRISTINE</b> <b>2143 ROCKLEDGE DR.</b> <b>ROCKLEDGE FL, 32955</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

**SIGNATURE:** Edwina Lowry, Treas. (Edwina Lowry) **FEB 27, 2004** **321-723-1244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #