

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 14, 2007  
Secretary of State

DOCUMENT# N94000001847

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: SD      ( ) Delete  
Name: STEUART, MARTHA  
Address: 996 NEVADA DRIVE NE  
City-St-Zip: PALM BAY, FL 32907

Title: VD      ( ) Delete  
Name: MCGURK, EILEEN  
Address: 611 MELBOURNE AVENUE  
City-St-Zip: MELBOURNE, FL 32901

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

Title: TD      ( ) Delete  
Name: LOWRY, EDWINA  
Address: 1824 POINSETTIA BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: D      (X) Delete  
Name: MCCOWN, LISA  
Address: 1725 BENJAMIN ROAD  
City-St-Zip: MALABAR, FL 32950

Title: D      ( ) Delete  
Name: CRAWFORD, CHRISTINE  
Address: 2143 ROCKLEDGE DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

**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: MCCOWN, LISA  
Address: 1725 BENJAMIN ROAD  
City-St-Zip: MALABAR, FL 32950

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA MCCOWN

T

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date