

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
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:

2112 S HELEN ST
MELBOURNE, FL 32901 US

Current Mailing Address:

PO BOX 1543
MELBOURNE, FL 329021543

New Mailing Address:

PO BOX 1543
MELBOURNE, FL 329021543 US

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: 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: () 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

TD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date