

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90132 005 ****61.25

UBR 9000

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**

60022696



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **59-3251333**
Applied For
 Not Applicable

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

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STUART, MARTHA	
STREET ADDRESS	996 VEVADA DRIVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUSHEFSKI, EDMUND	
STREET ADDRESS	1165 SANDUNE LANE #103	
CITY-ST-ZIP	MELBOURNE FL 32935-5262	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLENDON, TRAVIS	
STREET ADDRESS	3385 KENT DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FILLINGIM, DEBRA	
STREET ADDRESS	831 REMSEN AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEICHMAN, KAREN	
STREET ADDRESS	627 ACACIA AVE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, DOTTIE	
STREET ADDRESS	1221 HOUSTON ST	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Martha	
STREET ADDRESS	996 Nevada Dr. NE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE PERNAS-SIZ	
STREET ADDRESS	444 S. CRESCENT DR. MELBOURNE, FL	
CITY-ST-ZIP	32901	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Lowry	
STREET ADDRESS	1824 Poinsettia Blvd.	
CITY-ST-ZIP	Melbourne, FL 32901-4221	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zarillo, Kim	
STREET ADDRESS	5575 Willoughby Dr.	
CITY-ST-ZIP	Melbourne FL 32934	

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: Debra Fillingim 4/20/02 321 768 0602

CR2E037 (10/02)