

# 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

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

☐ CHECK HERE IF MAKING CHANGES

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STEUART, MARTHA  
STREET ADDRESS 996 VEVADA DRIVE NE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE Secretary ☒ Change ☐ Addition  
NAME Stewart, Martha  
STREET ADDRESS 996 Nevada Dr. NE  
CITY-ST-ZIP Palm Bay FL 32907

TITLE V ☒ Delete  
NAME LUSHEFSKI, EDMUND  
STREET ADDRESS 1165 SANDUNE LANE #103  
CITY-ST-ZIP MELBOURNE FL 32935-5262

TITLE Vice President ☐ Change ☒ Addition  
NAME LESLIE PERNAS-Siz  
STREET ADDRESS 444 S. CRESCENT DR. MELBOURNE, FL  
CITY-ST-ZIP 32901

TITLE D ☐ Delete  
NAME MCLENDON, TRAVIS  
STREET ADDRESS 3385 KENT DRIVE  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME FILLINGIM, DEBRA  
STREET ADDRESS 831 REMSEN AVE  
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WEICHMAN, KAREN  
STREET ADDRESS 627 ACACIA AVE  
CITY-ST-ZIP MELBOURNE VILLAGE FL 32904

TITLE Director ☐ Change ☒ Addition  
NAME Paul Lowry  
STREET ADDRESS 1824 Poinsettia Blvd.  
CITY-ST-ZIP Melbourne, FL 32901-4221

TITLE D ☒ Delete  
NAME LEE, DOTTIE  
STREET ADDRESS 1221 HOUSTON ST  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE President ☐ Change ☒ 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* *Debra Fillingim* *4/20/02 321 768 0602*

CR2E037 (10/02)