

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002341 (5)

1. Corporation Name

INTERNATIONAL SOCIETY OF PSYCHIATRIC CONSULTATION  
LIAISON NURSES, INC.



Principal Place of Business

437 TWIN BAY DR  
PENSACOLA FL 32534-1350

Mailing Address

437 TWIN BAY DR  
PENSACOLA FL 32534-1350

3. Date Incorporated or Qualified  
05/10/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3232323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUETZ, BELINDA E  
437 TWIN BAY DR  
PENSACOLA FL 32534-1350

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PUETZ, BELINDA E  
STREET ADDRESS  
437 TWIN BAY DRIVE  
CITY - ST - ZIP  
PENSACOLA FL

TITLE ☐ DELETE

NAME  
ROBINETTE, ANN  
STREET ADDRESS  
11403 EAST QUEENSWAY DR  
CITY - ST - ZIP  
TEMPLE TERRACE FL

TITLE ☐ DELETE

NAME  
KRUPNICK, SUSAN  
STREET ADDRESS  
358 CHURCH RD  
CITY - ST - ZIP  
JENKINTOWN PA

TITLE ☐ DELETE

NAME  
FRESE, SALLY  
STREET ADDRESS  
433 TIMBERIDGE DR  
CITY - ST - ZIP  
ST PETERS MO

TITLE ☐ DELETE

NAME  
NEESE, JANE  
STREET ADDRESS  
8238 ADDISON DR  
CITY - ST - ZIP  
HARRISBURG NC

TITLE ☐ DELETE

NAME  
BONADONNA, RAMITA  
STREET ADDRESS  
PO BOX 1314  
CITY - ST - ZIP  
FOLLY BEACH SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Belinda E. Puetz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

904-424-4147

Date

Daytime Phone #

CR2E037 (12/95)