SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 22 1998 8:00am Secretary of State

21 26 3. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signame and Address of Current Registered Agent PUETZ, BELINDA E 437 TWIN BAY DR PENSACOLA FL 32534-1350	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be dided to Fees excitation?
N LIAISON NURSES, INC. Principal Place of Business Malling Address 7794 GROW DR PENSACOLA FL 32514 US 2. Principal Place of Business 2. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Signature of Status Desired Signature	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be dided to Fees excitation?
7794 GROW DR PENSACOLA FL 32514 US 2. Principal Place of Business 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. City & State 3. Date incorporated or Qualified 05/10/1994 4. FEI Number 59-3232323 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Is this nonprofit corporation a homeownerg assored by the surface of Status Desired 7. Is this nonprofit corporation a homeownerg assored by the surface of Status Desired 8. Trust Fund Contribution 8. This corporation owes or has paid the current yeth personal Property Tex due June 30. Yes 9. Name and Address of Current Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 7. 794 Grow Drive	Not Applicable 3.75 Additional Fee Required 5.00 May Bedded to Fees sociation? ear Intangible X No
PENSACOLA FL 32514 US PENSACOLA FL 32514 US D5/10/1994 4. FEI Number 59-3232323 2. Principal Place of Business 2a. Mailing Address 26 Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State ZIP Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes or has paid the current ye personal Property Tax due June 30. Yes PUETZ, BELINDA E 437 TWIN BAY DR PENSACOLA FL 32514 US D5/10/1994 4. FEI Number 59-3232323 5. Certificate of Status Desired \$ 8 Election Campaign Financing Trust Fund Contribution Ac City & State 7. Is this nonprofit corporation owes or has paid the current ye personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 81 Name PUETZ, BELINDA E 437 TWIN BAY DR PENSACOLA FL 32534-1350	Not Applicable 3.75 Additional Fee Required 5.00 May Bedded to Fees sociation? ear Intangible X No
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24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PUETZ, BELINDA E 437 TWIN BAY DR PENSACOLA FL 32534-1350 82 Street Address (P.O. Box Number is Not Acceptable) 7794 Grow Drive 83	X No
Name and Address of Current 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) 7794 Grow Drive 83	
437 TWIN BAY DR PENSACOLA FL 32534-1350 7794 Grow Drive 83	
PENSACOLA FL 32534-1350	
	
84 City 85	Zip Code
Pensacola FL	32514
11. Pursuant to the provisions of sections 617.0592 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statutes.	its registered as registered
1 CM In It I CAN I CAN I CAN BELLINGE E. PUELZ	→
SIGNATURE Signature, typed or printed name of registered agent artertile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<u>'</u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
	hange 🔲 Additio
NAME PUETZ, BELINDA E STREET ADDRESS 7794 GROW DR 1.3 STREET ADDRESS	
CITYST-ZIP PENSACOLA FL 1.4 CITY-ST-ZIP	
TITLE PD TOTAL PD CO	hange X Additio
NAME ROBINETTE, ANN 22 NAME Dulaney, Peggy	Tagy
STREET ADDRESS 11403 EAST QUEENSWAY DR 23 STREET ADDRESS 201 DOVE Hill Circle	
CITYSTZIP TEMPLE TERRACE FL 24CITYSTZIP FRAS DOV. GC 20640	
n 1	hange 📈 Additio
Stanley, Karen	
CHYSTOP CHARLESTON MA 34 CITY-ST-ZIP 916 TOWNTON Lane	
TITLE SO DELETE 4.1 TITLE PLEASANT, SC 29664-3585 CF	hange Additio
NAME FRESE, SALLY 4.2 NAME	_
STREET ADDRESS 4.3 TIMBERIDGE DR 4.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERS MO 4.4 CITY-ST-ZIP TITLE D ST DELETE 5.1 TITLE CD CC	
LA VIIII	hange 🗽 Additio
NAME NEESE, JANE STREET ADDRESS 8238 ADDISON DR 53 STREET ADDRESS 223 Blenheim Rd.	
CITYST-ZIP HARRISBURG NC 5.4 CITYST-ZIP Baltimore, MD 21212	
	hange Additio
NAME 62 NAME	
TOWNE 1 0.2 (YEAR)	
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	

in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Belinda E. Puetz