

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N94000005853 (6)**

1. Corporation Name

HOME HEALTHCARE NURSES ASSOCIATION, INC. (HHNA)



Principal Place of Business

Mailing Address

**7794 GROW DR
PENSACOLA FL 32514
US**

**7794 GROW DR
PENSACOLA FL 32514
US**

3. Date Incorporated or Qualified

11/23/1994

4. FEI Number

59-3269730

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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)

7794 Grow Drive

83

84 City **Pensacola**

FL

85 Zip Code **32514**

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

Belinda E. Puetz

Belinda E. Puetz

5-28-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PUETZ, BELINDA E.**
STREET ADDRESS **7794 GROW DR**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **BRUCE, CAROLYN**
STREET ADDRESS **4061 VEGA DR**
CITY-ST-ZIP **LAKE HAVASU CITY AZ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **BLAHA, ARLENE J.**
STREET ADDRESS **UNIV OF SOUTH CAROLINA**
CITY-ST-ZIP **COLUMBIA SC**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **526 Barnesdale Rd.**
3.4 CITY-ST-ZIP **La Grange Park, IL 60526**

TITLE **DS** ☒ DELETE
NAME **FEIN, KARIN B.**
STREET ADDRESS **80 WASHINGTON STREET, STE 208**
CITY-ST-ZIP **POUGHKEEPSIE NY**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **Curry Narayan, Mary**
4.4 CITY-ST-ZIP **10340 Britterford Dr.
Vienna, VA 22182**

TITLE **VP** ☐ DELETE
NAME **CAPONE, LUANN J.**
STREET ADDRESS **20600 CHAGRIN BLVD #200**
CITY-ST-ZIP **SHAKER HEIGHTS OH**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE

Belinda E. Puetz

Belinda E. Puetz

5-28-98

CP2E037 (10/97)