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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000005853

1. Corporation Name
HOME HEALTHCARE NURSES ASSOCIATION, INC. (HHNA)

Principal Place of Business 7794 GROW DR PENSACOLA FL 32514 US	Mailing Address 7794 GROW DR PENSACOLA FL 32514 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3269730	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PUETZ, BELINDA E 794 GROW DR PENSACOLA FL 32514				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUETZ, BELINDA E.		1.2 NAME		
STREET ADDRESS	7794 GROW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUCE, CAROLYN		2.2 NAME		
STREET ADDRESS	4061 VEGA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE HAVASU CITY AZ		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAHA, ARLENE J.		3.2 NAME		
STREET ADDRESS	526 BARNESDALE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LA GRANGE PARK IL 60526		3.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURRY NARAYAN, MARY		4.2 NAME		
STREET ADDRESS	10340 BRITTFORD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA 22182		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPONE, LUANN J.		5.2 NAME		
STREET ADDRESS	20600 CHAGRIN BLVD #290		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHAKER HEIGHTS OH		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Belinda E. Puetz* **REQUIRED** 5-28-99 8.50-474-1066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)