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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000006936**

1. Corporation Name
FLORIDA ASSOCIATION OF NURSE ASSISTANTS, INC.

Principal Place of Business	Mailing Address
157 AUDUBON CT. SE WINTER HAVEN FL 33884	6039 CYPERESS GARDENS BLVD #266 WINTER HAVEN FL 33884 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3485924 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CARLETON-BUCHER, MARGARET T
157 AUDUBON CT. SE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE	D-P-T	☐ Change ☑ Addition
NAME	KARR, LORA		1.2 NAME	Margaret T Carleton-Bucher	
STREET ADDRESS	295 S RAMONA AVE		1.3 STREET ADDRESS	157 Audubon Ct SE	
CITY-ST-ZIP	LAKE ALFRED FL 33850		1.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	LEWIS, MELODY HHA		2.2 NAME	Kristine Anderson	
STREET ADDRESS	738 LORRI AVE		2.3 STREET ADDRESS	731 Butterwort Place	
CITY-ST-ZIP	LAKELAND FL 33815		2.4 CITY-ST-ZIP	LAKELAND, FL. 33813	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	HORZEWSKICNA, ELIZABETH		3.2 NAME	DR. MARY ANN FRITZ	
STREET ADDRESS	106 JADE WAY		3.3 STREET ADDRESS	2001 N Terrington Rd	
CITY-ST-ZIP	LAKE PLACID FL 33852		3.4 CITY-ST-ZIP	Avon Park, FL. 33825	
TITLE	D-S	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	MILLS, CATHY		4.2 NAME	Terry Herron	
STREET ADDRESS	432 CITRUS HIGHLANDS DR		4.3 STREET ADDRESS	619 Sally Lane Apt 1	
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	KENT, YOLANDA		5.2 NAME	BRENDA JONES	
STREET ADDRESS	PO BOX 1885		5.3 STREET ADDRESS	2147 17th AVE S	
CITY-ST-ZIP	WINTER HAVEN FL 33883		5.4 CITY-ST-ZIP	St Petersburg, FL. 33712	
TITLE	D-V	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	WORRELL, JEANETTE CNA/HHA		6.2 NAME	SUZANNE LULL	
STREET ADDRESS	1002 W CHERRY ST		6.3 STREET ADDRESS	1004 MOCKING BIRD Circle	
CITY-ST-ZIP	PLANT CITY FL 33566		6.4 CITY-ST-ZIP	Winter Haven, FL 33884	

CR2E037 (11/98)

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: Margaret T Carleton-Bucher SIGNATURE REQUIRED 1-13-99 941-324-5136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
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FLORIDA ASSOCIATION OF NURSE ASS.
6039 Cypress Gardens Blvd. #26
Winter Haven, Florida 33884
(941) 324-5136

Florida Association of Nurse Assistants, Inc.
Board of Directors
January 5, 1998

Changes to # 12 - 1999 NONPROFIT CORP ANNUAL REPORT

D
Yolanda Kent — Address change
The Grand Court
650 Lake Howard Drive NW
Winter Haven, Florida 33881

D — This is a change of address
Barbara B. Richards
12816-A Sydney Rd.
Dover, Florida 33527

D — Addition
Maria Trevino
Box 2498 Hebb Road
Auburndale, FL. 33823