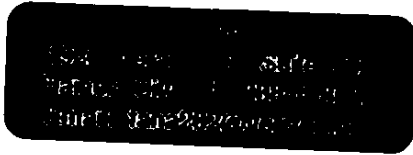


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 047 ****61.25

DOCUMENT # N97000006936					
1. Entity Name FLORIDA ASSOCIATION OF NURSE ASSISTANTS, INC.					
Principal Place of Business 5890 CYPRESS CRONS BLVD WINTER HAVEN, FL 33884			Mailing Address 1920 VERANO DRIVE, STE 202 HAINES CITY, FL 33844-8585 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3485924	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLETON-BUCHER, MARGARET T 157 AUDUBON CT. SE WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.S. BLAND, MARCELLA 12300 LANE PARK DR. TAVARES, FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wanda Spears, CNA 6175 E 14th Terrace Cape Coral, FL 33990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLETON-BUCHER, MARGARET T 157 AUDUBON CT WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Willis, CNA 11511 113th Street N #88 Largo, FL 33778-3041	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. Mary Ann FRITZ, DVM 2001 N. TERRINGTON RD. AVON PARK, FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Smith, Adm. of Lakeland Health Care 4835E Lakewood Dr. Sebring, FL 33870-3370	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JULIE CNA 1451 PINEY RD. NORTH FORT MYERS, FL 339035551	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saralea Ma Kenney, Adm of Zephyrhaven Nsg. Home 5805 Wedgefield Dr. Zephyrhills, FL 33541-1485	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T - add ESTA, GREG 408 FOS VALLEY DR. LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bart Richert, Pres/CEO of mediflex of Winter Haven 331 3rd. St. NW Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V. add WORRELL, JEANETTE CNA/VHA 1002 W CHERRY ST PLANT CITY, FL 33566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick Davies, Exe Dir. of Coral Trace 11650 River Estates Court Alva, FL 33920	☐ Change ☒ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Margaret T. Carleton-Bucher, President</u> 3-2-05 863421-5807					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

#N 97000006936

50023051

FEI # 59-3485924

Add'l Member - Bd of Dir.

Suzanne Lull

104 Mockingbird Ct. SE

Winter Haven, FL. 33884-245

ATTACHMENT
#N97000006936

Send this card to magazines, businesses, friends and family to let them know you've moved.

Please send mail to my new address starting: 11 / 15 / 04
Month Day Year

My Name: _____

Old Address Florida Association of Nurse Assistants
PMB 266

STREET OR PO BOX 6039 CYPRESS GARDENS BLVD,
WINTER HAVEN, FL. 33884

CITY OR POST OFFICE

Email: fana202@verizon.net

New Address:

1920 Verano Suite # 202
STREET OR PO BOX APT./SUITE #

Haines City, FL. 33844
CITY OR POST OFFICE STATE ZIP+4

PQ/Fax 863-421-5807

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