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	Mailing Address
5890 CYPRESS GRDNS BLVD WINTER HAVEN, FL 33884 Same as see attached →	1920 VERANO DRIVE, STE 202 HAINES CITY, FL 33844-8585 US

03022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3485924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLETON-BUCHER, MARGARET T 157 AUDUBON CT. SE WINTER HAVEN, FL 33884	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating) DATE

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	DS 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	DP take off CARLETON-BUCHER, MARGARET T 157 AUDUBON CT WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Wills, CNA 11511 113th Street N #88 Largo, Fl. 33778-3041	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D take off DR. Mary Ann FRITZ, [redacted] 2001 N. TERRINGTON RD. AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Smith, Adm. of Lakeplacid Health Care 483SE Lakeview 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 McKenney, Adm of Zephyrhaven Nsg. Home 5805 Wedgefield Dr. Zephyrhills, Fl. 33541-1985	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D T - add T ESTA, GREG 406 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 V WORRELL, JEANETTE CNA/HHA 1002 W CHERRY ST PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patrick Davies, Exe. Dir. of Coral Trace 11950 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: Margaret T Carleton-Bucher, President 3-2-05 863-421-5807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#N97000006936
500230 51

[redacted]

FEI # 59-3485924

Add'l Member - Bd of Dir.

Suzanne Lull
1004 Mockingbird Ct. SE
Winter Haven, FL. 33884-245

ATTACHMENT
#N970000006936

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 BC: 6039 CYPRESS GARDENS BLVD,
WINTER HAVEN, FL. 33884
CITY OR POST OF

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

PO / Fax 863 - 421 - 5807

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