2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90027 042 ****61.25

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

50007183

Principal Place of Business	Mailing Address
1920 VERANO DRIVE SUITE 202 HAINES CITY, FL 33844-8585	1920 VERANO DRIVE SUITE 202 HAINES CITY, FL 33844-8585 US

03162006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

Name Jeanette Worrell
Street Address (P.O. Box Number is Not Acceptable) 1002 W Cherry St
City Plant City, FL **FL** Zip Code 33566

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 Jeanette Worrell 3-24-06
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, 2006

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/V BLAND, MARCELLA 12300 LANE PARK DR. TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID SMITH 1841 Lakeview Drive Sebring, FL 33870-7929
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ D CARLETON-BUCHER, MARGARET T 157 AUDUBON CT WINTER HAVEN, FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Suzanne Lull 1004 Mockingbird Ct. SE Winter Haven, FL. 33884-2545
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRITZ, MARY ANN 2001 N. TERRINGTON RD. AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ninastee Johnson 100 North F St. Haines City, FL. 33844
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPEARS, WANDA CNA 6175 E 14TH TERRACE CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jon Marc Creighton 6711 Shaback Port Orange, FL 32128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT. EFTA ~~E~~FTA, GREG 406 FOS VALLEY DR. LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WORRELL, JEANETTE CNA/HHA 1002 W CHERRY ST PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #