2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90075 010 ****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	6039 CYPERESS GARDENS BLVD #266 WINTER HAVEN FL 33884 US

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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	D KARR, LORA 295 S RAMONA AVE LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Dr. Mary Ann Reitz 2001 N. Torrington Rd Avon Park, FL. 33825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARLETON-BUCHER, MARGARET T 157 AUDUBON CT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Truss III 1240 Padgett Circle Lady Lake, FL. 32159
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZARINE, MAGGIE 2614 LAKELAND HILLS BLVD LAKELAND FL 33805	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chuck Micali 110 University Park Dr. #180 Winter Park, FL. 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SEYMOUR, SHERI 125 VALENCIA ST WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X Vince Gray, CPA D 1620 Mayflower Ct. Winter Park, FL. 32792-2500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREVINO, MARIA 2498 HEBB ROAD AUBURNDALE FL 33823	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lynn Hecht 8041 State Rd #52 Hudson, FL. 34667
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORRELL, JEANETTE CNA/HHA 1002 W CHERRY ST PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marcella Bland, RN 12300 Lane Park Rd Tavares, FL. 32778

CR2E037 (10/02)

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.

863-318-8495

SIGNATURE: SIGNATURE REQUIRED Margaret T. Carleton-Bucher 3-18-03

Attachment 30045141
09700000693

FLORIDA ASSOCIATION OF NURSE ASSISTANTS, INC.

PMB #266
6039 Cypress Gardens Blvd.
Winter Haven, Florida 33884-4115
Ph/Fax: 863-318-8495 e-mail: fana266@cs.com Web site: http://hcassidy.tripod.com/FANA/FANA.html

Additional Board Members - 2003

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Cookie Salter, RN
7411 S. Swoope St.
Tampa, FL. 33616

D
Julie Parker, CNA
1451 Piney Rd.
N. Fort Myers, FL. 33903