


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90153 003 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000000202 1. Corporation Name PUBLIC HEALTH NURSING LEADERSHIP: C.A.S.E., INC.		
Principal Place of Business DEPART. OF HEALTH/PERFORMANCE IMPROVEMENT 2002 OLD ST. AUGUSTINE RD., BLDG. D (HP) TALLAHASSEE FL 32301	Mailing Address DEPART. OF HEALTH/PERFORMANCE IMPROVEMENT 2002 OLD ST. AUGUSTINE RD., BLDG. D (HP) TALLAHASSEE FL 32301	



559167-90041-634

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 <i>No change, as above</i>	02/04/1998
22 City & State	27	4. FEI Number
23 Zip	28	593503170
24 Country	29	Applied For
25	30	Not Applicable
5. Certificate of Status Desired - <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KANE-CRAWFORD, AMALIA F 135 LAKE BLUFF LANE HAVANA FL 32333-9303	81 Name <i>Johnna Dettis, Treasurer</i>
	82 Street Address (P.O. Box Number is Not Acceptable) <i>4126 Stag Run Court</i>
	83
	84 City <i>Tallahassee</i> FL 85 Zip Code <i>32311</i>

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 *Johnna Dettis* DATE *4/15/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>Barbara Von Windegoth</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>President Polk County Health Dept</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>290 Gulfview Ave, Sefford FL 33380</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>Deborah Hill</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>Broward County Health Dept</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>242 S.W. 6th Ave Fort Lauderdale FL 33315</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>Johnna Dettis, Treasurer</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>4126 Stag Run Court</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Tallahassee FL 32311</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Johnna Dettis* SIGNATURE REQUIRED: *Johnna Dettis, Treasurer* DATE: *4/15/99* DAYTIME PHONE #: *(850) 410-2421*

CR2E037 (11/98)