

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

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 021 ****70.00

DOCUMENT # N 98 000 000 202
1. Entity Name
Public Health Nursing Leadership, C.A.S.E., Inc.

DO NOT WRITE IN THIS SPACE

B0125730

2. Principal Place of Business <u>Dept. of Health, Nursing</u> Suite, Apt. # etc. <u>4052 Bald Cypress Way, Bin C-24</u> City & State <u>Tallahassee, FL</u> Zip <u>32399-1711</u> Country <u>U.S.A.</u>		3. Mailing Address <u>PMB # 475</u> Suite, Apt. # etc. <u>1699 Apalachee Pky.</u> City & State <u>Tallahassee, FL</u> Zip <u>32301</u> Country <u>Leon</u>		4. FEI Number <u>59-3503170</u> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent Name <u>Nancy Redfern-Vance</u> Street Address (P.O. Box Number Is Not Acceptable) <u>2786 Blairstone Ct.</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>		

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IN THIS SPACE**

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.

SIGNATURE Nancy Redfern-Vance
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating.) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President - D</u> <u>Doris Putman, RN, MS,</u> <u>Duval Co. Health Dept., 515 W. 6th St.</u> <u>Jacksonville, FL 32206-4397</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President - D</u> <u>Kerry Dunlavy, RN, MSHA,</u> <u>Baker Co. Health Dept.</u> <u>480 W. Louder St., MacClenny, FL 32063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary - D</u> <u>Funmi Borisade, RN, BSN, MSH,</u> <u>Duval Co. Health Dept., 465 Acme St</u> <u>Jacksonville, FL 32211</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer - D</u> <u>Nancy Redfern-Vance</u> <u>4052 Bald Cypress Way, Bin C-24</u> <u>Tallahassee, FL 32399-1711</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Elect - T</u> <u>Connie Tharp, RN, MS,</u> <u>Clay Co. Health Dept., PO Box 578</u> <u>Green Cove Springs, FL 32043-0578</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Redfern-Vance Nancy Redfern-Vance 6-13-02 (850)245-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)