2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-22-2005 90308 017 ****61.25

DOCUMENT # N99000007270

1. Entity Name
FLORIDA ASSOCIATION OF SCHOOL NURSES, INC.

66018289

Principal Place of Business	Mailing Address
~~715 AURELIA ST~~ 2837 BANYAN BLVD BOCA RATON, FL ~~33486~~ 33431-6363	~~715 AURELIA ST~~ CIRCLE NW ~~BOCA RATON, FL 33486~~

04172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3614825
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELO, BARRY & BANTA, P.A.
515 E. LAS OLAS BLVD.
STE. 850
FORT LAUDERDALE, FL 33301

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEANER, FLORENCE E
STREET ADDRESS	1309 CAMBRIDGE SQUARE, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 338804143
TITLE	P RHONDA LESNIAK
NAME	~~HARTSHORNE, GAIL~~
STREET ADDRESS	~~708 CARRIAGE HILL LANE~~
CITY-ST-ZIP	~~BOCA RATON, FL 33486~~
TITLE	~~DRP~~ D
NAME	BARRY, CHARLOTTE
STREET ADDRESS	715 AURELIA STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	DAP
NAME	~~NELSON, CORINNE~~
STREET ADDRESS	1242 FORSYTH DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33903
TITLE	~~DCS~~ PE
NAME	ROSE, KATHLEEN
STREET ADDRESS	16711 JAMES WALTER LANE
CITY-ST-ZIP	CAPE CORAL, FL 339939005
TITLE	~~DSR~~ T
NAME	GORDON, SHIRLEY
STREET ADDRESS	10 BAY HARBOUR ROAD
CITY-ST-ZIP	TEQUESTA, FL 334692004

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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: Rhonda Lesniak RN 5/19/05 561-901-4628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rhonda Lesniak, R.N.
President, FASN