


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90002 006 \*\*\*\*61.25

**DOCUMENT # N04000009559**

1. Entity Name  
**AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC.**



Principal Place of Business  
**P.O. BOX 3395  
 RIVERVIEW, FL 33568**

Mailing Address  
**P.O. BOX 3395  
 RIVERVIEW, FL 33568**

**50066692**



2. Principal Place of Business  
**11219 Rice Creek Rd**

3. Mailing Address  
**P.O. Box 3395 Riverview FL 33568**

Suite, Apt. #, etc.  
**8**

09072005 Chg-NP CR2E037 (10/03)

City & State  
**Riverview FL**

4. FEI Number  
**20-2176131**

Applied For  
 Not Applicable

Zip  
**33569**

Country  
**USA**

Zip  
**33568**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**COOPER, JONNI C PHD  
 11219 RICE CREEK ROAD  
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name: **Same**

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 *Jonni Cooper* (NOTE: Registered Agent signature required when reinstating) DATE 9/7/05

**Filing Fee is \$61.25  
 Due by September 7, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COOPER, JONNI C PHD	
STREET ADDRESS	11219 RICE CREEK ROAD	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARRIOTT, HENRY J MD	
STREET ADDRESS	11219 RICE CREEK ROAD	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RAGAN, JENNIFER G	
STREET ADDRESS	11219 RICE CREEK ROAD	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	TRES	<input checked="" type="checkbox"/> Delete
NAME	RAGAN, JENNIFER G	
STREET ADDRESS	11219 RICE CREEK ROAD	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRES Bobbi Cooper</b>	
STREET ADDRESS	<b>11219 Rice Creek Rd</b>	
CITY-ST-ZIP	<b>Riverview FL 33569</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jonni Cooper* **Jonni Cooper** DATE 9/14/05 DAYTIME PHONE # 813 677-8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #