2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N35984

Entity Name: FL CHAPTER : AIR/SURFACE TRANSPORT NURSES ASSOCIATION, INC.

Current Principal Place of Business:

6433 FLAMINGO WAY S
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

P.O. BOX 280418
TAMPA, FL 33682 US

Current Mailing Address:

6433 FLAMINGO WAY S
ST. PETERSBURG, FL 33707 US

New Mailing Address:

P.O. BOX 280418
TAMPA, FL 33682 US

FEI Number: 59-3021971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'NEILL, NANCY
6433 FLAMINGO WAY S
ST. PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

COLLINS, HEATHER
P.O. BOX 280418
TAMPA, FL 33682 US

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: HEATHER COLLINS 05/03/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KENLY, MICHELLE
Address: 880 MANDALAY AVE. 8705
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP ( ) Delete
Name: FERNANDEZ, MARIA
Address: 8125 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: SCOTT, JOHN
Address: 13519 IRONTON DR.
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete
Name: WYANT, SCOTT
Address: 15632 EASTBOURN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Delete
Name: O'NEILL, NANCY
Address: 6433 FLAMINGO WAY S
City-St-Zip: ST. PETERSBURG, FL 33707

Title: D (X) Delete
Name: CHAMBERLAIN, KAREN
Address: 12601 SW 115 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, MARIA
Address: 8125 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change ( ) Addition
Name: CHAMBERLAIN, KAREN
Address: 12601 S.W. 115TH AVE.
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition
Name: WYANT, SCOTT
Address: 15632 EASTBOURN DR.
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Change ( ) Addition
Name: COLLINS, HEATHER
Address: P.O. BOX 280418
City-St-Zip: TAMPA, FL 33682

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA FERNANDEZ P 05/03/2005
Electronic Signature of Signing Officer or Director Date