

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35984

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

4115 WEST GRANADA STREET
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4115 WEST GRANADA STREET
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-3021971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, KATHLEEN
4115 WEST GRANADA STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAMBERLAIN, KAREN
Address: 1535 S. PERIMETER ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309

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

Title: S/T () Delete
Name: KOCH, KATHLEEN
Address: 4115 WEST GRANADA STREET
City-St-Zip: TAMPA, FL 33629

Title: B () Delete
Name: HODGES, WAYNE
Address: 6358 TINTERN CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WYANT, SCOTT
Address: 701 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

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

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 exemption stated in Chapter 119, 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: KATHLEEN KOCH

S/T

04/15/2009

Electronic Signature of Signing Officer or Director

Date