

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39895

FILED
Apr 30, 2008
Secretary of State

Entity Name: ASSOCIATION OF OPERATING ROOM NURSES OF THE PALM BEACHS, FLORIDA, INC.

Current Principal Place of Business:

2705 SW REGENCY RD
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

2705 SW REGENCY RD
STUART, FL 34997 US

New Mailing Address:

FEI Number: 65-0169446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, LAEL J
2705 SW REGENCY RD
STUART, FL 34997 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: PRES () Delete
Name: LEASE, JACKIE
Address: 11715 WATERBEND COURT
City-St-Zip: WELLINGTON, FL 33414

Title: ST () Delete
Name: REW, JUDY
Address: 139 PARKWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T () Delete
Name: BURNS, LAEL
Address: 2705 SW REGENCY RD
City-St-Zip: STUART, FL 34997

Title: B () Delete
Name: GLINSKI, HELEN
Address: 6940 43RD TERRACE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: B () Delete
Name: SURIANO, BETH L
Address: 1754 TUDOR RD
City-St-Zip: NORTH PALM BEACH, FL 33408 24

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REW, JUDY
Address: 139 PARKWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST (X) Change () Addition
Name: FOCKLER, ANDREA
Address: 1011 CROW ST
City-St-Zip: JUPITER, FL 33458

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: LAEL J BURNS

TR

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date