

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001640

FILED
Apr 12, 2006
Secretary of State

Entity Name: SOCIETY FOR VASCULAR NURSING, INC.

Current Principal Place of Business:

7794 GROW DR.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7794 GROW DR.
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 31-1609723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA E PHD,RN
7794 GROW DR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

PUETZ, BELINDA E
7794 GROW DR.
PENSACOLA, FL 32514 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: BELINDA E PUETZ

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATULA, PAT
Address: 1322 ATLAS LANE
City-St-Zip: NORTHAMPTON, PA 18067

Title: P () Delete
Name: WIEGAND, CATHERINE
Address: 4442 CLAREWOOD DRIVE
City-St-Zip: TOLEDO, OH 43623

Title: PE () Delete
Name: ROBINSON, CAROLYN
Address: 16128 JACQUARA AVENUE
City-St-Zip: LAKEVILLE, MN 55044

Title: D () Delete
Name: CLARK, RITA
Address: 401 13TH AVENUE NW
City-St-Zip: ROCHESTER, MN 55901

Title: D () Delete
Name: TREAT JACOBSON, DIANE
Address: 6909 WASHBURN AVENUE SOUTH
City-St-Zip: RICHFIELD, MN 55423

Title: T () Delete
Name: GREEN, M. ISOBEL
Address: 2/4 DELTA CLOSE
City-St-Zip: ELEEBENA, NS 2282 AU

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROSSI, MARIE
Address: 1322 ATLAS LANE
City-St-Zip: NORTHAMPTON, PA 18067

Title: P (X) Change () Addition
Name: ROBINSON, CAROLYN
Address: 16128 JACQUARA AVENUE
City-St-Zip: LAKEVILLE, MN 55044

Title: S (X) Change () Addition
Name: CLARK, RITA
Address: 401 13TH AVENUE NW
City-St-Zip: ROCHESTER, MN 55901

Title: PE (X) Change () Addition
Name: TREAT JACOBSON, DIANE
Address: 6909 WASHBURN AVENUE SOUTH
City-St-Zip: RICHFIELD, MN 55423

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 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: BELINDA E PUETZ

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date