

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N99000001044

Entity Name: FLORIDA WEST COAST ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

1701 43 ST NORTH
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-3583271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERTS, SCOTT C ESQ
1400 W. FAIRBANKS AVE., STE. 204
WINTER PARK, FL 32789 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: DP () Delete
Name: GALLIZZI, KAREN
Address: 12407 N FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: DP () Delete
Name: MELTON, TIFFANY
Address: 13348 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL 335257939

Title: DS () Delete
Name: BAKER, LEIA
Address: 2719 14TH CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: DT () Delete
Name: MAXWELL, BARB
Address: 1701 43ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D () Delete
Name: GWYN, ERIN
Address: 1400 E. BAY DRIVE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: MORAN, JUDITH
Address: 6500 38TH AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: PETERSON, SANDY
Address: 4717 OVERLOOK DR. NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: DT (X) Change () Addition
Name: MAXWELL, BARB
Address: 1701 43RD ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

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: BARB MAXWELL

DT

01/05/2005

Electronic Signature of Signing Officer or Director

Date