

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001044

FILED
Jan 08, 2009
Secretary of State

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:

KERLEY, JEFFREY J ESQ
ONE NORTH DALE MABRY
11TH FLOOR
TAMPA, FL 33609 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: LONG, LAURA RN
Address: 3041 SAVANNAH OAKS CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: D () Delete
Name: BUSH, DEBBIE RN
Address: 7511 114TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: REEVES, JUDY RN
Address: 140 FOUNTAIN PARKWAY, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BARB MAXWELL

DT

01/08/2009

Electronic Signature of Signing Officer or Director

Date