2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2024
Secretary of State
4705013266CC

DOCUMENT# 751959

Entity Name: FLORIDA SOCIETY OF PERIANESTHESIA NURSES, INCORPORATED

Current Principal Place of Business:

3040 OASIS GRAND BLVD
APT 2708
FORT MYERS, FL 33916

Current Mailing Address:

3040 OASIS GRAND BLVD
APT 2708
FORT MYERS, FL 33916 US

FEI Number: 59-1759997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, LIEFJE CAY
3040 OASIS GRAND BLVD
APT 2708
FORT MYERS, FL 33916 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: LIEFJE C MARSHALL 01/09/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	WILLIAMS, JUNE PATRICIA
Address	3437 NW 156TH AVE
City-State-Zip:	GAINESVILLE FL 32609

Title	TEASURER
Name	MARSHALL, LIEFJE
Address	4413 EAST RIVERSIDE DR
City-State-Zip:	FORT MYERS FL 33905

Title	EDUCATION OFFICER, PAST PRESIDENT
Name	SABALL, KATHI
Address	7257 DR. PHILLIPS BLVD
City-State-Zip:	ORLANDO FL 32819-5194

Title	PAST PRESIDENT, ACTING PRESIDENT
Name	SIBEL, COLLEEN
Address	2472 DATURA LOOP
City-State-Zip:	SAINT CLOUD FL 34772

Title	PRESIDENT ELECT -VP
Name	LEE, THERESA
Address	2815 AVENIDA DE SOTO
City-State-Zip:	NAVARRE FL 32566

I hereby 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 all other like empowered.

SIGNATURE: LIEFJE C MARSHALL TREASURER 01/09/2024

Electronic Signature of Signing Officer/Director Detail — Date