

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001640

**Entity Name:** SOCIETY FOR VASCULAR NURSING, INC.**Current Principal Place of Business:**N83 W13410 LEON RD  
MENOMONCE FALLS, WI 53051**Current Mailing Address:**N83 W13410 LEON RD  
MENOMONCE FALLS, WI 53051**FEI Number: 31-1609723****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name DEVEAUX, THERESA  
Address 405 VIRGINIA AVE.  
City-State-Zip: PASADENA MD 21122

Title DIRECTOR  
Name WEINLEIN, SHARON  
Address 37 WEDGEWOOD DR.  
City-State-Zip: LOUDONVILLE NY 12211

Title DIRECTOR  
Name BARTMAN, KIM  
Address N83 W13410 LEON RD  
City-State-Zip: MENOMONCE FALLS WI 53051

Title PRESIDENT ELECT  
Name ROSSI, MARIE  
Address 27 SCOTCH MIST WAY  
City-State-Zip: MALTA NY 12020

Title TREASURER  
Name NIMMER, VICKIE  
Address 1630 COUNTRY CLUB DR  
City-State-Zip: MARION IA 64303

Title DIRECTOR  
Name STREET, TIFFANY  
Address N83 W13410 LEON RD  
City-State-Zip: MENOMONCE FALLS WI 53051

Title DIRECTOR  
Name MOULTON, DEWEY  
Address N83 W13410 LEON RD  
City-State-Zip: MENOMONCE FALLS WI 53051

Title PRESIDENT  
Name GORDON, PHYLLIS  
Address N83 W13410 LEON RD  
City-State-Zip: MENOMONCE FALLS WI 53051

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*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: LEAH GRUNEWALD****EXECUTIVE DIRECTOR****05/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               FLANAGAN, PATTY  
Address            N83 W13410 LEON RD  
City-State-Zip:   MENOMONCE FALLS WI 53051

Title               DIRECTOR  
Name               SUCHEDEVE, ANITA  
Address            N83 W13410 LEON RD  
City-State-Zip:   MENOMONCE FALLS WI 53051

Title               EXECUTIVE DIRECTOR  
Name               GRUNEWALD, LEAH  
Address            N83 W13410 LEON RD  
City-State-Zip:   MENOMONCE FALLS WI 53051