

2016 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 OWEN, CHRIS
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

Continues on page 2

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**ASSOCIATION MANAGER 03/01/2016**

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