

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718221

FILED
Jan 19, 2005
Secretary of State

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

Current Principal Place of Business:

2425 SW 3RD AVE
#149
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2425 SW 3RD AVE
#149
OCALA, FL 34474

New Mailing Address:

FEI Number: 71-8221392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FARIS, CARSON RN
2425 SW 3RD AVE #149
OCALA, FL 34474 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: PD () Delete
Name: GUZIK, ARLENE
Address: 886 WEATHERFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: FV () Delete
Name: MENZEL, NANCY
Address: 10212 NW 51ST TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: FARIS, CARSON
Address: 2425 SW 3RD AVE #149
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: RUCKMAN, LYNDIA
Address: P.O. BOX 31020
City-St-Zip: ST PETERSBURG, FL 33731

Title: D () Delete
Name: VOLLER, PAM
Address: 633 PONCE DE LEON
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S () Delete
Name: CARR, RUSSELL
Address: 3005 W. DR. M.L. KING, JR. BLVD. #201
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELIE, VICKI
Address: 7003 WILLOW RUN LOOP
City-St-Zip: LAKE LAND, FL 33813-366 US

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

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

Title: D (X) Change () Addition
Name: MAXWELL, BARB
Address: 1701 43RD ST. N
City-St-Zip: ST 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: CARSON FARIS

TREA

01/19/2005

Electronic Signature of Signing Officer or Director

Date