

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718221

FILED
Jan 10, 2006
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:

FARIS, CARSON RN
2425 SW 3RD AVE
#149
OCALA, FL 34474 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:

01/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELIE, VICKI
Address: 7003 WILLOW RUN LOOP
City-St-Zip: LAKELAND,, FL 33813 US

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: MAXWELL, BARB
Address: 1701 43RD ST. N
City-St-Zip: ST PETERSBURG, FL 33713

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

Title: 1 VP (X) Change () Addition
Name: CARR, RUSS
Address: 1406 GULFWOOD CRT
City-St-Zip: BRANDON, FL 33510

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

Title: 2 VP (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: D (X) Change () Addition
Name: GUZIK, ARLENE
Address: 886 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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: CARSON FARIS

T

01/10/2006

Electronic Signature of Signing Officer or Director

Date