

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718221

FILED
Mar 22, 2009
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 34471

New Principal Place of Business:

Current Mailing Address:

2425 SW 3RD AVE
#149
OCALA, FL 34471

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 34471 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: PRES () Delete
Name: MAXWELL, BARB
Address: 1701 43RD STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: 1 VP () Delete
Name: GUSTAFSON, CHERYL
Address: 4080 N. JENNINGS RD.
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: FARIS, CARSON
Address: 2425 SW 3RD AVE #149
City-St-Zip: OCALA, FL 34471

Title: 2 VP () Delete
Name: NICKERSON, SCOTT
Address: 4669 RIO POCO CRT.
City-St-Zip: NAPLES, FL 34109

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

Title: D () Delete
Name: GUZIK, ARLENE
Address: 886 WEATHERSFIELD DR
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NICKERSON, SCOTT
Address: 4669 RIO POCO CRT
City-St-Zip: NAPLES, FL 34109

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

Title: S (X) Change () Addition
Name: SCHAUBERT, DONNA
Address: 12728 FOUR FIELDS FARM RD
City-St-Zip: THONATOSASSA, FL 33592

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 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

TRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date