

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718221

FILED
Mar 14, 2010
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
Name: MAXWELL, BARB
Address: 1701 43RD STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: VP
Name: NICKERSON, SCOTT
Address: 4669 RIO POLO CRT
City-St-Zip: NAPLES, FL 34109

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

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

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

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

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: CARSON FARIS

T

03/14/2010

Electronic Signature of Signing Officer or Director

Date