


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 040 ****61.25

DOCUMENT # 720159 1. Entity Name CENTRAL FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.					
Principal Place of Business 350 PRESSVIEW AVE S LONGWOOD, FL 32750 US			Mailing Address 205 LAKE VIEW DR AUBURNDALE, FL 33823 US		
2. Principal Place of Business - No P.O. Box # 5214 DEER CREEK DR		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO FLORIDA		City & State			
Zip 32821-7644		Country USA		4. FEI Number 23-7349497	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREEMAN, JANE 205 LAKEVIEW DR AUBURNDALE, FL 33823			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, DORIS 1361 CORTE NUEVA WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKA, MARIANNE 5214 DEER CREEK DRIVE ORLANDO, FL 32812-7644
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUSTAFSON, CHERYL 4080 N JENNINGS RD HAINES CITY, FL 338449784	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEMAN, JANE 205 LAKE VIEW DR AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICKERSON, SCOTT 11767 PEACH GROVE LANE ORLANDO, FL 32821	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAREN CAMPBELL 5691 PINE PINE POINT ODIESSO FL 32765-9441
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JANE FREEMAN JANE FREEMAN 2/5/07 407-850-6337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					