


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 040 ****61.25

DOCUMENT # 720159 1. Entity Name CENTRAL FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.																																																																																																											
Principal Place of Business 5214 DEER CREEK DR ORLANDO, FL 32821-7644 US			Mailing Address 205 LAKE VIEW DR AUBURNDALE, FL 33823 US																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country																																																																																																								
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																							
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Jane Freeman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 3-11-08 <small>DATE</small> </div> </div>																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIKA, MARIANNE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5214 DEER CREEK DR ORLANDO, FL 328127644</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUSTAFSON, CHERYL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4080 N JENNINGS RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAINES CITY, FL 338449784</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FREEMAN, JANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>205 LAKE VIEW DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AUBURNDALE, FL 33823</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CAMPBELL, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5691 POND PINE POINT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OVIEDO, FL 327657441</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KNESER, DEBRA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>15317 CR 455 MONTEVERDE, FL 34756</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MIKA, MARIANNE		CITY-ST-ZIP	5214 DEER CREEK DR ORLANDO, FL 328127644		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	GUSTAFSON, CHERYL		STREET ADDRESS	4080 N JENNINGS RD		CITY-ST-ZIP	HAINES CITY, FL 338449784		TITLE	TD	<input type="checkbox"/> Delete	NAME	FREEMAN, JANE		STREET ADDRESS	205 LAKE VIEW DR		CITY-ST-ZIP	AUBURNDALE, FL 33823		TITLE	VPD	<input type="checkbox"/> Delete	NAME	CAMPBELL, KAREN		STREET ADDRESS	5691 POND PINE POINT		CITY-ST-ZIP	OVIEDO, FL 327657441		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	KNESER, DEBRA		CITY-ST-ZIP	15317 CR 455 MONTEVERDE, FL 34756		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Jane Freeman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> JANE FREEMAN <small>Date</small> </div> <div style="text-align: right;"> 3/11/08 4078506338 <small>Daytime Phone #</small> </div> </div>																																																																																																											