

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720159

FILED
Apr 07, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

5214 DEER CREEK DR
ORLANDO, FL 328217644 US

New Principal Place of Business:

Current Mailing Address:

205 LAKE VIEW DR
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 23-7349497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JANE
205 LAKEVIEW DR
AUBURNDALE, FL 33823 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: PD () Delete
Name: MIKA, MARIANNE
Address: 5214 DEER CREEK DR
City-St-Zip: ORLANDO, FL 328127644 US

Title: TD () Delete
Name: FREEMAN, JANE
Address: 205 LAKE VIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VPD () Delete
Name: CAMPBELL, KAREN
Address: 5691 POND PINE POINT
City-St-Zip: OVIEDO, FL 327657441

Title: S () Delete
Name: KNESER, DEBRA
Address: 15317 CR 455
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JANE FREEMAN

TD

04/07/2009

Electronic Signature of Signing Officer or Director

Date