

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720159

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

12646 LANGSTAFF DRIVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

12646 LANGSTAFF DRIVE
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 23-7349497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARIOLIS, PATRICIA
12646 LANGSTAFF DRIVE
WINDERMERE, FL 34786 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: P
Name: CAMPBELL, KAREN
Address: 5691 POND PINE POINT
City-St-Zip: OVIEDO, FL 327659441 US

Title: T
Name: MARIOLIS, PATRICIA
Address: 12646 LANGSTAFF DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP
Name: YENOR, CLARICE
Address: 12200 LAKE VALLEY DRIVE
City-St-Zip: CLERMONT, FL 34711

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: PATRICIA MARIOLIS

TREA

01/05/2012

Electronic Signature of Signing Officer or Director

Date