

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739412

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA STATE CHAPTER OF THE ASSOCIATION OF REHABILITATION NURSES, INC.

Current Principal Place of Business:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1957071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMICK, KAREN E
4367 WILLOW BROOK CIRCLE
WEST PALM BEACH, FL 33417 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: FLETCHER, INA
Address: 2836 N.E. 33RD STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VPD () Delete
Name: GLENNON, KEVIN
Address: 1028 DURANGO ST SE
City-St-Zip: PALM BAY, FL 32909

Title: TR () Delete
Name: DIMICK, KAREN E
Address: 4367 WILLOW BROOK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: CS () Delete
Name: BROWN, SUE G
Address: 516 SW 72 AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: RS () Delete
Name: HERNANDEZ, CYNTHIA
Address: 3301 W LAWN AVE
City-St-Zip: TAMPA, FL 33611 19

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:

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: KAREN E DIMICK

TR

04/16/2009

Electronic Signature of Signing Officer or Director

Date