

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003844

FILED
Jan 14, 2005
Secretary of State

Entity Name: NATIONAL GERONTOLOGICAL NURSING ASSOCIATION, INC.

Current Principal Place of Business:

7794 GROW DRIVE
PENSACOLA, FL 325147072

New Principal Place of Business:

Current Mailing Address:

7794 GROW DRIVE
PENSACOLA, FL 325147072

New Mailing Address:

FEI Number: 52-1455115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA E PHD RN
7794 GROW DRIVE
PENSACOLA, FL 325147072 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 () Delete
Name: SHEMANSKY, CINDY
Address: 1272 OLD YORK ROAD
City-St-Zip: BURLINGTON, NJ 08016

Title: D () Delete
Name: MCCABE, BARBARA
Address: 510 REDWOOD DRIVE
City-St-Zip: LINCOLN, NE 68510

Title: D () Delete
Name: SICCARDI, ANITA
Address: 1400 EAST HANNA
City-St-Zip: INDIANAPOLIS, IN 46227

Title: T () Delete
Name: REMSBURG, ROBIN
Address: 8162 ELKO DRIVE
City-St-Zip: ELLICOTT CITY, MD 21043

Title: PP () Delete
Name: TRAVIS, SHIRLEY S
Address: 12462 PRESERVATION POINTE DRIVE
City-St-Zip: CHARLOTTE, NC 28216

Title: V () Delete
Name: CROGAN, NEVA
Address: 5472 W RED ROCK RIDGE DRIVE
City-St-Zip: TUCSON, AZ 85742

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: PE (X) Change () Addition
Name: REMSBURG, ROBIN
Address: 8162 ELKO DRIVE
City-St-Zip: ELLICOTT CITY, MD 21043

Title: T (X) Change () Addition
Name: COTTON, AMY
Address: 239 MAIN ROAD SOUTH
City-St-Zip: HAMPDEN, ME 04444

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BELINDA E PUETZ

ED

01/14/2005

Electronic Signature of Signing Officer or Director

Date