2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003844

FILED Apr 12, 2006 Secretary of State

Entity Name: NATIONAL GERONTOLOGICAL NURSING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7794 GROW DRIVE PENSACOLA, FL 325147072 **Current Mailing Address: New Mailing Address:** 7794 GROW DRIVE PENSACOLA, FL 325147072 FEI Number: 52-1455115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PUETZ, BELINDA E PHD RN 7794 GROW DRIVE PENSACOLA, FL 325147072 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SHEMANSKY, CINDY SHEMANSKY, CINDY Name: Name: 1272 OLD YORK ROAD Address: 1272 OLD YORK ROAD Address: City-St-Zip: BURLINGTON, NJ 08016 City-St-Zip: BURLINGTON, NJ 08016 Title: () Delete Title: () Change () Addition MCCABE, BARBARA Name: Name: Address: 510 REDWOOD DRIVE Address: City-St-Zip: LINCOLN, NE 68510 City-St-Zip: Title: () Delete Title: (X) Change () Addition SICCARDI, ANITA CARLSON, SUSAN Name: Name: 1400 EAST HANNA 17306 FOUNTAIN VIEW Address: Address: City-St-Zip: INDIANAPOLIS, IN 46227 City-St-Zip: SAN ANTONIO, TX 78248 () Delete Title: PΕ Title: (X) Change () Addition REMSBURG, ROBIN REMSBURG, ROBIN Name: Name: Address: 8162 ELKO DRIVE Address: 8162 ELKO DRIVE City-St-Zip: ELLICOTT CITY, MD 21043 City-St-Zip: ELLICOTT CITY, MD 21043 Title: () Delete Title: () Change () Addition COTTON, AMY Name: Name: 239 MAIN ROAD SOUTH Address: Address: HAMPDEN, ME 04444 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition CRESCI, KAY CROGAN, NEVA Name: Name: Address: 5472 W RED ROCK RIDGE DRIVE Address: 2176 THOMAS AVENUE TUCSON, AZ 85742 BERKLEY, MI 48072 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BELINDA E PUETZ 0 04/12/2006