

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003844

FILED
Apr 08, 2009
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 (X)

Name and Address of Current Registered Agent:

DANCY, JON A
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: HERTZ, JUDITH
Address: 42 EVERGREEN DRIVE
City-St-Zip: STREAMWOOD, IL 60107 US

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

Title: VP () Delete
Name: LARSON, PAMELA
Address: 4404 BOSTON DRIVE
City-St-Zip: PLANO, TX 75093 US

Title: S () Delete
Name: CROGAN, NEVA
Address: 7418 E. RIVERBANK LOOP
City-St-Zip: TUCSON, AZ 85715 US

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

Title: D () Delete
Name: RAUDONIS, BARBARA
Address: 4200 EAGLE RIDGE DRIVE
City-St-Zip: ARLINGTON, TX 76016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PE (X) Change () Addition
Name: CARLSON, SUSAN
Address: 7400 MENTON MINTER BOULEVARD
City-St-Zip: SAN ANTONIO, TX 78229 US

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

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

Title: T (X) Change () Addition
Name: RAUDONIS, BARBARA
Address: 4200 EAGLE RIDGE DRIVE
City-St-Zip: ARLINGTON, TX 76016 US

Title: D (X) Change () Addition
Name: CRIST, JANICE
Address: UNIVERSITY OF ARIZONA P.O. BOX 210203
City-St-Zip: TUCSON, AZ 85721 US

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: DAN CARLSON

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date