2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2004
Secretary of State

DOCUMENT# F00000005043

Entity Name: THE AMERICAN ASSOCIATION OF NURSE ATTORNEYS FOUNDATION, 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: 52-1396728 **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

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:	BROOKE, PENNY	
Address:	2879 JENNIE LANE	
City-St-Zip:	SALT LAKE CITY, UT 84117	
Title:	S	( ) Delete
Name:	KJERVIK, DIANE	
Address:	106 PORTSMOUTH PLACE	
City-St-Zip:	CHAPEL HILL, NC 27516	
Title:	T	( ) Delete
Name:	BOULAY, D M	
Address:	18 MID OAKS LANE	
City-St-Zip:	ROSEVILLE, MN 55113	
Title:	TRST	( ) Delete
Name:	DUPONT, RALPH	
Address:	165 STATE STREET, SUITE 502	
City-St-Zip:	NEW LONDON, CT 06320	
Title:	TRST	( ) Delete
Name:	FLEMING, VIRGINIA	
Address:	533 PARNASSUS AVENUE, U-101	
City-St-Zip:	SAN FRANCISCO, CA 94143	
Title:	TRST	( ) Delete
Name:	FLOAT, ARDELE	
Address:	#2 SHIRE	
City-St-Zip:	COTO DE CASA, CA 92679	

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:	
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: PENNY BROOKE P 02/01/2004

Electronic Signature of Signing Officer or Director — Date