## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000860

Entity Name: SOCIETY OF PEDIATRIC NURSES, INC.

FILED Jan 14, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7794 GROW DR

PENSACOLA, FL 325147072

**Current Mailing Address: New Mailing Address:** 

7794 GROW DR

PENSACOLA, FL 325147072

FEI Number: 68-0229220 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 DR 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete WOODRING, BARBARA LEWANDOWSKI, LINDA Name: Name: 24231 WILLOW LANE Address: 2003 UNIVERSITY BLVD. #901 Address: City-St-Zip: NOVI, MI 48375 City-St-Zip: BIRMINGHAM, AL 35233

Title: SD Title: (X) Change ( ) Addition ( ) Delete NICHOLSON, DANA K Name: LYNCH, MARY Name: Address: Address:

5003 NOLDA STREET 1842 JEFFERSON STREET #206 City-St-Zip: HOUSTON, TX 77007 City-St-Zip: SAN FRANCISCO, CA 94123

Title: () Delete Title: (X) Change ( ) Addition PAGE, NANCY E KUBIN, LAURA Name: Name:

3772 GRIFFIN RD Address: Address: 916 PEACH LANE City-St-Zip: SYRACUSE, NY 13215 City-St-Zip: DE SOTO, TX 75115

(X) Change ( ) Addition Title: TD ( ) Delete Title:

Name: SCOTTER, MARY Name: SCOTTER, MARY Address: 6009 ELK RIVER Address: 6009 ELK RIVER

City-St-Zip: NORTH LITTLE ROCK, AR 72116 City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: () Delete Title: (X) Change ( ) Addition

ANN, FRETZ FRETZ, ANN Name: Name: Address:

12265 E HARVARD DRIVE 12265 E HARVARD DRIVE Address: City-St-Zip: AURORA, CO 80014 City-St-Zip: AURORA, CO 80014

Title: () Delete Title: ( ) Change (X) Addition

SETHNESS, RENEE Name: Name: Address: Address: 335 ARCADIA PLACE SAN ANTONIO, TX 78209 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 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