

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000860

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: SOCIETY OF PEDIATRIC NURSES, INC.

## Current Principal Place of Business:

7794 GROW DR  
PENSACOLA, FL 325147072

## New Principal Place of Business:

## Current Mailing Address:

7794 GROW DR  
PENSACOLA, FL 325147072

## New Mailing Address:

FEI Number: 68-0229220

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 DR  
PENSACOLA, FL 325147072 US

## Name and Address of New Registered Agent:

PUETZ, BELINDA E.  
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: BELINDA E PUETZ

04/12/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOODRING, BARBARA  
Address: 2003 UNIVERSITY BLVD. #901  
City-St-Zip: BIRMINGHAM, AL 35233

Title: S ( ) Delete  
Name: LYNCH, MARY  
Address: 1842 JEFFERSON STREET #206  
City-St-Zip: SAN FRANCISCO, CA 94123

Title: D ( ) Delete  
Name: KUBIN, LAURA  
Address: 916 PEACH LANE  
City-St-Zip: DE SOTO, TX 75115

Title: T ( ) Delete  
Name: SCOTTER, MARY  
Address: 6009 ELK RIVER  
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: D ( ) Delete  
Name: FRETZ, ANN  
Address: 12265 E HARVARD DRIVE  
City-St-Zip: AURORA, CO 80014

Title: VP ( ) Delete  
Name: SETHNESS, RENEE  
Address: 335 ARCADIA PLACE  
City-St-Zip: SAN ANTONIO, TX 78209

## 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: T (X) Change ( ) Addition  
Name: ANDREWS, SUSAN  
Address: 482 ITASCA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition  
Name: MOHR, LYNN  
Address: 940 N ASHBURY AVENUE  
City-St-Zip: BOLINGBROOK, IL 60440

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 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

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date