

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000860

FILED
Jan 16, 2007
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:

DANCY, JON A
7794 GROW DR
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: 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: ANDREWS, SUSAN
Address: 482 ITASCA AVENUE
City-St-Zip: TAMPA, FL 33606

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOTT, SANDRA
Address: 11 MILLER ROAD
City-St-Zip: BEVERLY, MA 01905

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

Title: D (X) Change () Addition
Name: MCCALL, KATHLEEN
Address: 588 GLENROSE DRIVE
City-St-Zip: ORANGE, CA 92869

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 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: DANIEL R. CARLSON

FM

01/16/2007

Electronic Signature of Signing Officer or Director

Date