

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000860

FILED
Apr 08, 2009
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 (X)

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: MOTT, SANDRA
Address: 11 MILLER ROAD
City-St-Zip: BEVERLY, MA 01905

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

Title: VP () Delete
Name: CURRY, HEATHER
Address: 4025 WEST 100TH PLACE
City-St-Zip: OVERLAND PARK, KS 66207 US

Title: T () Delete
Name: ANDREWS, SUSAN
Address: 482 ITASCA AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: ASHER, LUCINDA
Address: 760 PINEHURST DR
City-St-Zip: TIPP CITY, OH 45371 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARTZ, MYRA
Address: 9 ROGAN DRIVE
City-St-Zip: GLENDALE, OH 45246 US

Title: S (X) Change () Addition
Name: ETZEL-HARDMAN, DANA
Address: 4895 EAST WILLOCK ROAD
City-St-Zip: PITTSBURGH, PA 15227 US

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 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