

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000097

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: PEDIATRIC ENDOCRINOLOGY NURSING SOCIETY

## Current Principal Place of Business:

7794 GROWN DRIVE  
PENSACOLA, FL 32514

## New Principal Place of Business:

7794 GROW DRIVE  
PENSACOLA, FL 32514

## Current Mailing Address:

7794 GROWN DRIVE  
PENSACOLA, FL 32514

## New Mailing Address:

7794 GROW DRIVE  
PENSACOLA, FL 32514

FEI Number: 38-2757646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUETZ, BELINDA E PH.D.  
7794 GROW DRIVE  
PENSACOLA, FL 32514 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: MULLHOLAND BEHM, KELLY BS,RN  
Address: 408 OLOLU DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete  
Name: SCALES, ROSEMARY MS,RN  
Address: 8850 S. TRACY DRIVE  
City-St-Zip: SANDY, UT 84093

Title: IPP ( ) Delete  
Name: HARTMAN, JUDY MHS,BSN  
Address: 9 SILVER LANE  
City-St-Zip: KIRKWOOD, MO 63122

Title: S ( ) Delete  
Name: WELCH, DEB MSN,RN,  
Address: P.O. BOX 6967  
City-St-Zip: JACKSON, MS 39282

Title: T ( ) Delete  
Name: ROSSITER, KATHERINE MSN,RN,  
Address: 631 N. 147TH AVENUE  
City-St-Zip: OMAHA, NE 68154

Title: NC ( ) Delete  
Name: MAYO, WANDA BSN,RN  
Address: 3704 HIALEAH DRIVE  
City-St-Zip: ARLINGTON, TX 76017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEHM, KELLY BS,RN  
Address: 408 OLOLU DRIVE  
City-St-Zip: WINTER PARK, FL 32789

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: BELINDA E. PUETZ

ED

01/19/2005

Electronic Signature of Signing Officer or Director

Date