

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000097

FILED
Jan 16, 2007
Secretary of State

Entity Name: PEDIATRIC ENDOCRINOLOGY NURSING SOCIETY

Current Principal Place of Business:

7794 GROW DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7794 GROW DRIVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 38-2757646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANCY, JON A
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: PP () Delete
Name: BEHM, KELLY
Address: 408 OLOLU DRIVE
City-St-Zip: WINTER PARK, FL 32789

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

Title: PE () Delete
Name: GROSSKREUZ, HELEN
Address: 5519 BOYCE SPRINGS DRIVE
City-St-Zip: HOUSTON, TX 77066

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

Title: T () Delete
Name: JARDEE, ALICE
Address: 15811 JOSEPHINE STREET
City-St-Zip: OMAHA, NE 68136

Title: D () Delete
Name: HESS, MARY
Address: 2800 BARBARA AVENUE
City-St-Zip: COLUMBUS, GA 31907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: TRUNNEL, SHERRY
Address: 12398 WEST 125TH STREET S
City-St-Zip: RUNNELLS, IA 50237

Title: PP (X) Change () Addition
Name: SCALES, ROSEMARY
Address: 8850 S. TRACY DRIVE
City-St-Zip: SANDY, UT 84093

Title: P (X) Change () Addition
Name: GROSSKREUZ, HELEN
Address: 5519 BOYCE SPRINGS DRIVE
City-St-Zip: HOUSTON, TX 77066

Title: S (X) Change () Addition
Name: BURKETT, LINDA
Address: 4650 WEST SUNSET BLVD, MAIL STOP 61
City-St-Zip: LOS ANGELES, CA 90027

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