

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000097

FILED
Apr 08, 2009
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: P () Delete
Name: TRUNNEL, SHERRY
Address: 12398 WEST 125TH STREET S
City-St-Zip: RUNNELLS, IA 50237 US

Title: PE () Delete
Name: METZINGER, CATHERINE
Address: 402 LEMON GROVE AVE
City-St-Zip: W. MELBOURNE, FL 32904 US

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

Title: S () Delete
Name: CORMIER, MARKUS
Address: 248 SWEET PEA LANE
City-St-Zip: WAGGAMAN, LA 70094 US

Title: T () Delete
Name: SWITZER, CHERYL
Address: 2060 LINCOLN AVENUE
City-St-Zip: LAKEWOOD, OH 44107 US

Title: D () Delete
Name: DURHAM, EILEEN
Address: 11053 BEL AIRE COURT
City-St-Zip: CUPERTINO, CA 95014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: METZINGER, CATHERINE
Address: 402 LEMON GROVE AVENUE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: PE (X) Change () Addition
Name: SPENCER, LINDA
Address: 2129 Highbury
City-St-Zip: TROY, MI 48085 US

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

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

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

Title: D (X) Change () Addition
Name: EDWARDS, EARLINE
Address: 21771 MARTINWOOD DRIVE
City-St-Zip: COUNCIL BLUFFS, IA 57503 US

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