

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000097

FILED
Apr 15, 2010
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 (X)

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
Name: KEIL, MEG
Address: 8421 FREYMAN DRIVE
City-St-Zip: CHEVY CHASE, MD 20815 US

Title: PP
Name: SPENCER, LINDA
Address: 2129 HIGHBURY
City-St-Zip: TROY, MI 48085 US

Title: D
Name: FOOTE, JAN
Address: 1215 PLERASANT ST, STE. 300
City-St-Zip: DES MOINES, IA 50309 US

Title: S
Name: LEWIS, KEVIN
Address: 605 ROSEMONT AVE
City-St-Zip: SOUTH CHARLESTON, WV 25303 US

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

Title: D
Name: BURR, MARY
Address: 2802 LAVENDER CT.
City-St-Zip: MT. AIRY, MD 21771 US

I hereby 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 all other like empowered.

SIGNATURE: DAN CARLSON

MGR

04/15/2010

Electronic Signature of Signing Officer or Director

Date