

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000106

FILED
Jan 19, 2005
Secretary of State

Entity Name: N-OADN FOUNDATION, INC.

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: 54-1909704

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: PENNINGTON, VIRGINIA DSN,RN
Address: 1502 BITTERSWEET
City-St-Zip: RUSTON, LA 71270

Title: V () Delete
Name: BRIGNAC, WANDA MS,RN
Address: 21267 D'HERDE ROAD
City-St-Zip: GULFPORT, MS 36503

Title: ST () Delete
Name: WICZYNSKI, SUSAN
Address: 2389 5TH AVENUE
City-St-Zip: SAN DIEGO, CA 921011610

Title: D () Delete
Name: BOURGEOIS, PATSY MS,RN
Address: P.O. BOX 3152
City-St-Zip: RUSTON, LA 71272

Title: D () Delete
Name: MAHAFFEY, ELIZABETH PHD,RN
Address: 1750 CHADWICK DRIVE
City-St-Zip: JACKSON, MS 39204

Title: D () Delete
Name: NADDY, DEANNA R DSN,RN
Address: 4411 HAMPSHIRE PIKE
City-St-Zip: HAMPSHIRE, TN 38461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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