

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000107

FILED  
Jan 19, 2005  
Secretary of State

**Entity Name:** NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING, 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:** 75-2129911

**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: TANNER, SHARON MSN,RN  
Address: 125 ST. ANDREWSS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: IPP ( ) Delete  
Name: BERNIER, SHARON L PHD,RN,  
Address: 7600 TAKOMA AVENUE  
City-St-Zip: TAKOMA PARK, MD 20912

Title: RS ( ) Delete  
Name: WARREN, CHARLOTTE J PHD,RN  
Address: 1000 UNIVERSITY CENTER LANE  
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: T ( ) Delete  
Name: NIED, ALICE MSN,RN  
Address: 2998 PEARL CITY ROAD  
City-St-Zip: FREEPORT, FL 61032

Title: D ( ) Delete  
Name: MILES, LINDA MS,RN  
Address: 1200 W. INTERNATIONAL SPEEDWAY BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: D ( ) Delete  
Name: HODGSON, CAROL PHD,RN  
Address: 2500 NORTH ROBINSON ROAD  
City-St-Zip: TEXARKANA, TX 75599

**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