

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000107

FILED
Jan 16, 2007
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:

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

Title: PE () Delete
Name: MALLOY, KATHLEEN A
Address: 595 BEATTY ROAD
City-St-Zip: MONROEVILLE, PA 15146

Title: RS () Delete
Name: FRANKLIN, MARY
Address: P.O. BOX 459
City-St-Zip: AMORY, MS 38821

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: TANNER, SHARON
Address: 125 ST. ANDREWSS DRIVE
City-St-Zip: KNOXVILLE, TN 37922

Title: P (X) Change () Addition
Name: QUALEY, DONNA
Address: 450 SOUTH CLAIBORNE AVE, ROOM 623
City-St-Zip: NEW ORLEANS, LA 70112

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

Title: T (X) Change () Addition
Name: REID, HELEN
Address: 800 HIGHWAY 243 WEST
City-St-Zip: KAUFMAN, TX 75150

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

Title: D (X) Change () Addition
Name: OVERMAN, JAN
Address: 2100 SILAS CREEK PARKWAY
City-St-Zip: WINSTON-SALEM, NC 27103

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