

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000107

FILED
Apr 08, 2009
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 (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 () Delete
Name: QUALEY, DONNA
Address: 450 SOUTH CLAIBORNE AVE
City-St-Zip: NEW ORLEANS, LA 70118 US

Title: PE () Delete
Name: MILES, LINDA
Address: P.O. BOX 11176
City-St-Zip: DAYTONA, FL 32120 US

Title: S () Delete
Name: SCHLUMBERGER, ANN
Address: 7 TORY COURT
City-St-Zip: LITTLE ROCK, AR 72211 US

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

Title: D () Delete
Name: BORG, BARBARA
Address: 18589 N. APACHE PATH
City-St-Zip: DANVERS, IL 61732 US

Title: D () Delete
Name: BARBEE, KRISTEN
Address: 401 MEDICAL PARK DR
City-St-Zip: CONCORD, NC 28025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: QUALEY, DONNA
Address: 450 SOUTH CLAIBORNE AVE
City-St-Zip: NEW ORLEANS, LA 70118 US

Title: P (X) Change () Addition
Name: MILES, LINDA
Address: 1200 W. INTERNATIONAL SPEEDWAY BOULEVARD
City-St-Zip: DAYTONA, FL 32120 US

Title: S (X) Change () Addition
Name: SCHLUMBERGER, ANN
Address: 2801 SOUTH UNIVERSITY AVENUE
City-St-Zip: LITTLE ROCK, AR 72204 US

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

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

Title: D (X) Change () Addition
Name: CRUME, JUDI
Address: 3501 EAST TIERRA BUENA LANE
City-St-Zip: PHOENIX, AZ 85032 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