

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000107

FILED
Apr 15, 2010
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: D
Name: CASEY, CYNTHIA
Address: 6776 SIWELL ROAD
City-St-Zip: BYRAM, MS 39272 US

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

Title: S
Name: SMART, PATRICIA
Address: 9113 ROSECREST LANE
City-St-Zip: RIVER RIDGE, LA 70123 US

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

Title: D
Name: TINSLEY, KIM
Address: 1515 PIONEER DRIVE
City-St-Zip: HARRISON, AK 72601 US

Title: D
Name: LEIBFREID, FRAN
Address: 12401 WILLOWBROOK RD
City-St-Zip: CUMBERLAND, MD 21502 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