

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003949

FILED
Jan 17, 2007
Secretary of State

Entity Name: PLASTIC SURGICAL NURSING CERTIFICATION BOARD, INC.

Current Principal Place of Business:

7794 GROW DR
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

7794 GROW DR
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 20-4659398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANCY, JON A
7794 GROW DR
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: HEDDENS, CLAUDETTE J
Address: 225 TARTAN DR
City-St-Zip: NORTH LIBERTY, IA 52317

Title: S () Delete
Name: KUNZ, SUE
Address: 5134 N ELKHART AVE
City-St-Zip: WHITEFISH BAY, WI 53217

Title: T () Delete
Name: JUMPP, DARLENE
Address: 4303 GREEN PINE CT
City-St-Zip: LOUISVILLE, KY 40220

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEDDENS, CLAUDETTE J
Address: 225 TARTAN DR
City-St-Zip: NORTH LIBERTY, IA 52317

Title: P (X) Change () Addition
Name: KUNZ, SUE
Address: 5134 N ELKHART AVE
City-St-Zip: WHITEFISH BAY, WI 53217

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

Title: D () Change (X) Addition
Name: ALCORN, KELLY
Address: 220 TANNER POINT DRIVE
City-St-Zip: NEW MARKET, AL 35761

Title: D () Change (X) Addition
Name: FRAZEE, JACQUELINE
Address: 19908 STOUGHTON DRIVE
City-St-Zip: STRONGSVILLE, OH 44149

Title: D () Change (X) Addition
Name: LEVIN, SHERI
Address: 13 JOANN COURT
City-St-Zip: SEWELL, NJ 08080

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

01/17/2007

Electronic Signature of Signing Officer or Director

Date