

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004264

FILED  
Jan 16, 2007  
Secretary of State

**Entity Name:** NATIONAL CONFERENCE OF GERONTOLOGICAL NURSE PRACTITIONERS, 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:** 93-0832304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUETZ, BELINDA  
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: MAGUIRE, SHARON  
Address: 1924 N HI MOUNT BLVD  
City-St-Zip: MILWAUKEE, WI 53208

Title: S ( ) Delete  
Name: CHILTON, LYNN  
Address: 7665 AVERY LANE  
City-St-Zip: DAPHNE, AL 36525

Title: T ( ) Delete  
Name: PRIEST-BAKERJIAN, DEBRA  
Address: 27 OWL RIDGE CT  
City-St-Zip: NOVATO, CA 94945

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: PP (X) Change ( ) Addition  
Name: MAGUIRE, SHARON  
Address: 1924 N HI MOUNT BLVD  
City-St-Zip: MILWAUKEE, WI 53208

Title: PE (X) Change ( ) Addition  
Name: CHILTON, LYNN  
Address: 7665 AVERY LANE  
City-St-Zip: DAPHNE, AL 36525

Title: T (X) Change ( ) Addition  
Name: BAKERJIAN, DEBRA  
Address: 134 PAUL DRIVE  
City-St-Zip: SAN RAFAEL, CA 94903

Title: P ( ) Change (X) Addition  
Name: TREINKMAN, ANNA  
Address: 744 KEYSTONE AVE  
City-St-Zip: RIVER FOREST, IL 60305

Title: S ( ) Change (X) Addition  
Name: KELLEY, CHARLOTTE  
Address: 3943 WELKER AVE  
City-St-Zip: DES MOINES, IA 50312

Title: D ( ) Change (X) Addition  
Name: KAMP, SANDRA  
Address: 1141 W ROSEMONT AVE, APT. 1E  
City-St-Zip: CHICAGO, IL 60660

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