2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004264

Jaņ 1<u>2, 2</u>008 Secretary of State

Entity Name: NATIONAL CONFERENCE OF GERONTOLOGICAL NURSE PRACTITIONERS, INC.

Current Principal Place of Business: New Principal Place of Business:

7794 GROW DR PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

7794 GROW DR PENSACOLA, FL 32514

FEI Number: 93-0832304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DANCY, JON A 7794 GŔOW DR

PENSACOLA, FL 32514 US

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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

RIVER FOREST, IL 60305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BALTIMORE, MD 21231 US

(X) Change () Addition () Delete MAGUIRE, SHARON BAKERJIAN, DEBRA Name: Name: 1924 N HI MOUNT BLVD Address: 27 OWL RIDGE CT Address:

City-St-Zip: MILWAUKEE, WI 53208 City-St-Zip: NOVATO, CA 94945 US

Title: () Delete Title: (X) Change () Addition CHILTON, LYNN Name: TREINKMAN, ANNA Name:

Address: 7665 AVERY LANE Address: 744 KEYSTONE AVE City-St-Zip: DAPHNE, AL 36525 City-St-Zip: RIVER FOREST, IL 60305 US

Title: () Delete Title: (X) Change () Addition BAKERJIAN, DEBRA KELLEY, CHARLOTTE Name: Name:

134 PAUL DRIVE Address: Address: 3943 WELKER AVE City-St-Zip: SAN RAFAEL, CA 94903 City-St-Zip: DES MOINES, IA 50312 US

Title: () Delete Title: (X) Change () Addition Name: TREINKMAN, ANNA Name: SHAUGHNESSY, MARIANNE 744 KEYSTONE AVE 8 N. CHESTER ST. Address: Address:

Title: () Delete Title: (X) Change () Addition

KELLEY, CHARLOTTE KAMP, SANDRA Name: Name:

3943 WELKER AVE 1441 W ROSEMONT AVE, APT 1E Address: Address:

CHICAGO, IL 60660 US City-St-Zip: DES MOINES, IA 50312 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

AUERHAHN, CAROLYN KAMP, SANDRA Name: Name: Address: 1141 W ROSEMONT AVE, APT. 1E Address: 137 JENNIFER LANE YONKERS, NY 10710 US CHICAGO, IL 60660 City-St-Zip: City-St-Zip:

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: JENNIFER CALLAN D 01/12/2008