2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004264

FILED Apr 28, 2009 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 (X) 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BAKERJIAN, DEBRA MULLANEY, SUSAN Name: Name: 27 OWL RIDGE CT Address: 169 HUNNEWELL ST. Address: City-St-Zip: NOVATO, CA 94945 US City-St-Zip: NEEDHAM, MA 02494 US () Delete Title: Title: (X) Change () Addition TREINKMAN, ANNA Name: BAKERJIAN, DEBRA Name: Address: 744 KEYSTONE AVE Address: 750 GRANT AVE. SUITE 150 City-St-Zip: RIVER FOREST, IL 60305 US City-St-Zip: NOVATO, CA 94945 US Title: () Delete Title: () Change () Addition KELLEY, CHARLOTTE Name: Name: Address: 3943 WELKER AVE Address: City-St-Zip: DES MOINES, IA 50312 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHAUGHNESSY, MARIANNE Name: Address: 8 N. CHESTER ST. Address: City-St-Zip: BALTIMORE, MD 21231 US City-St-Zip: Title: () Delete Title: (X) Change () Addition KAMP, SANDRA BONNER, ALICE Name: Name: 1441 W ROSEMONT AVE, APT 1E 19 OVERLOOK DRIVE Address: Address: City-St-Zip: CHICAGO, IL 60660 US City-St-Zip: WESTBORO, MA 01581 US Title: () Delete Title: (X) Change () Addition AUERHAHN, CAROLYN DUFFY, EVELYN Name: Name: Address: 137 JENNIFER LANE Address: 2988 CARLTON ROAD YONKERS, NY 10710 US SHAKER HEIGHTS, OH 44120 US 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: DAN CARLSON MGR 04/28/2009