

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004278

FILED
Jan 20, 2011
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, 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: 13-1683514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANCY, JON
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: P
Name: CAMPBELL, KAY
Address: 1208 LINTON COURT
City-St-Zip: CARY, NC 27511

Title: PE
Name: PEPLER, CATHERINE M
Address: 16 CABOT ROAD
City-St-Zip: MERRIMACK, NH 03054

Title: S
Name: CARTER, PAM
Address: 122 MOHICAN TRAIL
City-St-Zip: RUCKERSVILLE, VA 22968

Title: D
Name: ASHERBRANNER, MARY
Address: 3265 HARTSVILLE PIKE
City-St-Zip: CASTALIAN SPRINGS, TN 37031

Title: D
Name: DAVIS, SELENA KATHY
Address: 3786 FT. MCALLISTER ROAD
City-St-Zip: RICHMOND HILL, GA 31324

Title: D
Name: GORDON, KIMBERLY
Address: 60 LAKEVIEW DRIVE NE
City-St-Zip: IOWA CITY, IA 52240

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: JON A. DANCY

CEO

01/20/2011

Electronic Signature of Signing Officer or Director

Date