

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004278

FILED
Mar 29, 2012
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: PEPLER, CATHERINE M
Address: 16 CABOT ROAD
City-St-Zip: MERRIMACK, NH 03054

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

Title: S
Name: LITCHFIELD, SHEILA M
Address: 220 ROUTE 8A SOUTH
City-St-Zip: CHARLEMONT, MA 01339

Title: D
Name: HANNA, JEANNIE
Address: 2453 ZELL COURT
City-St-Zip: HUMMELSTOWN, PA 17036

Title: D
Name: GROVES, CINDY
Address: 1650 LEE LANE
City-St-Zip: BELOIT, WI 53511

Title: D
Name: OLSZEWSKI, KIM
Address: 438 S. 19TH STREET
City-St-Zip: ST. LEWISBURG, PA 17837

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 DANCY

CEO

03/29/2012

Electronic Signature of Signing Officer or Director

Date