

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004609

FILED
Jan 20, 2011
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF OCCUPATIONAL HEALTH NURSES FOUNDATION, 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: 58-2381547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANCY, JON
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: C
Name: PARANZINO, GRACE
Address: 42160 WOODWARD AVENUE, UNIT 33
City-St-Zip: BLOOMFIELD, MI 48304

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

Title: T
Name: HALL, SANDY
Address: 743 DEEP RUN RD
City-St-Zip: PERKASIE, PA 18944

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

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

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

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