

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008018

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA CHAPTER OF THE INTERNATIONAL TRANSPLANT NURSES SOCIETY, INC.

**Current Principal Place of Business:**

4205 BELFORT RD, SUITE 1100  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4205 BELFORT RD, SUITE 1100  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 32-0000985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAFFORD, CAROLYN  
1327 AUTUMN TRACE  
FERNANDINA BCH, FL 32034 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: PD ( ) Delete  
Name: SMITH, CHRISTY  
Address: 5314 SCATTERED OAKS CT.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete  
Name: PEREZ, AMY  
Address: 3084 HALEY LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete  
Name: NORMAN, KELLY  
Address: 3718 INDIAN PRINCESS RD. N.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete  
Name: STAFFORD, CAROLYN  
Address: P. O. BOX 1795  
City-St-Zip: FERNANDINA BCH, FL 32035

Title: D ( ) Delete  
Name: DELUCA, LISA  
Address: 145 BIMINI CT.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D ( ) Delete  
Name: VINCENT, MI  
Address: 9116 CASTLE ROCK DR.  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN C. STAFFORD

TD

05/01/2002

Electronic Signature of Signing Officer or Director

Date