

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008018

FILED
Apr 30, 2003
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:

SMITH, CHRISTY R
5314 SCATTERED OAKS CT
JACKSONVILLE, FL 32258 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: CHRISTY R. SMITH

04/30/2003

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: SD (X) Change () Addition
Name: DALMARES, CONNIE
Address: 6542 BURNHAM CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD (X) Change () Addition
Name: ABNEY, LAURA
Address: 2153 ARDENCROFT DR.
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: D (X) Change () Addition
Name: GICALONE, ANGELICA
Address: 5324 CHESTNUT LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32258

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: CHRISTY SMITH

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date