


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

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| DOCUMENT # N01000009050 1. Entity Name MID FLORIDA DEVELOPMENTAL DISABILITIES NURSES ASSOCIATION NETWORK, INC. |  |
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| Principal Place of Business 9241 54TH STREET PINELLAS PARK, FL 33782 | Mailing Address 9241 54TH STREET PINELLAS PARK, FL 33782 |
|--|--|

DO NOT WRITE IN THIS SPACE



02072007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3709007 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SMITH, CAROLYN
9241 54TH STREET
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, CAROLYN 9241 54TH STREET PINELLAS PARK, FL 33782 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARTIN, MARY 1230 RICHMOND RD WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HAWKINS, CECELIA 3214 CORK RD PLANT CITY, FL 33565 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TUPPER, LINDA 18535 BLENHEIM DR LUTZ, FL 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/20/07-80006-018 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecelia R Hawkins 2-7-07 Cecelia R. Hawkins (813) 810-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #