

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 08, 2009
Secretary of State**

DOCUMENT# N01000009050

Entity Name: MID FLORIDA DEVELOPMENTAL DISABILITIES NURSES ASSOCIATION NETWORK, INC.

Current Principal Place of Business:

9241 54TH STREET
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

9241 54TH STREET
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 59-3709007 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, CAROLYN
9241 54TH STREET
PINELLAS PARK, FL 33782 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: D () Delete
Name: SMITH, CAROLYN
Address: 9241 54TH STREET
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD () Delete
Name: MARTIN, MARY
Address: 1230 RICHMOND RD
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: HAWKINS, CECELIA
Address: 3214 CORK RD
City-St-Zip: PLANT CITY, FL 33565

Title: PD () Delete
Name: TUPPER, LINDA
Address: 16535 BLENHEIM DR
City-St-Zip: LUTZ, FL 33549

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CECELIA HAWKINS

TD

03/08/2009

Electronic Signature of Signing Officer or Director

Date