

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007721

FILED
May 05, 2009
Secretary of State

Entity Name: FLORIDA SUNSHINE CHAPTER OF THE SOCIETY OF UROLOGIC NURSES AND ASSOCIATES, INC.

Current Principal Place of Business:

507 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

507 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 35-2183600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORMOZDI, LILLIAN
14749 MAHOE COURT
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

MCLEAN, CINDY
507 DEL PRADO
FT. MYERS, FL 33909 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: CINDY MCLEAN

05/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: HORMOZDI, LILLIAN
Address: 507 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33990

Title: PD () Delete
Name: MCLEAN, CINDY
Address: 1021 SE 18TH PL
City-St-Zip: CAPE CORAL, FL 33990

Title: SD () Delete
Name: WEIS, STEPHANIE
Address: 2412 WOODLAND CIRCLE
City-St-Zip: FT MYERS, FL 33907

Title: TD () Delete
Name: SNEARY, DEB
Address: 3320 SW 7 TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete
Name: TESKA, DAWN
Address: 1912 NE 3RD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCLEAN, CINDY
Address: 507 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33990

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: DEBRA SNEARY

TD

05/05/2009

Electronic Signature of Signing Officer or Director

Date