

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007721

FILED
Apr 01, 2012
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:

1021 SE 18TH PL
CAPE CORAL, FL 33990

Current Mailing Address:

507 DEL PRADO BLVD.
CAPE CORAL, FL 33990

New Mailing Address:

1021 SE 18TH PL
CAPE CORAL, FL 33990

FEI Number: 35-2183600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCLEAN, CINDY
1021 SE 18TH PL
CAPE CORAL, 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:

04/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SD
Name: BOYD, LEEANN
Address: 7451 GLADIOLAS DR
City-St-Zip: FT MYERS, FL 33990

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

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

I hereby 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 all other like empowered.

SIGNATURE: CINDY MCLEAN

RA

04/01/2012

Electronic Signature of Signing Officer or Director

Date