

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 006 ****61.25

DOCUMENT # N04000009559 1. Entity Name AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC.			
Principal Place of Business P.O. BOX 3395 RIVERVIEW, FL 33568		Mailing Address P.O. BOX 3395 RIVERVIEW, FL 33568	
2. Principal Place of Business 11219 Rice Creek Rd Suite, Apt. #, etc.		3. Mailing Address 33568 P.O. Box 3395, Riverview FL Suite, Apt. #, etc. 8	
City & State Riverview		City & State FL	
Zip 33569	Country USA	Zip 33568	Country USA
6. Name and Address of Current Registered Agent COOPER, JONNI C PHD 11219 RICE CREEK ROAD RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Jonni Cooper</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>9/17/05</u>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, JONNI C PHD 11219 RICE CREEK ROAD RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRIOTT, HENRY J MD 11219 RICE CREEK ROAD RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAGAN, JENNIFER G 11219 RICE CREEK ROAD RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES RAGAN, JENNIFER G 11219 RICE CREEK ROAD RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Jonni Cooper</i></u> Jonni Cooper		Date <u>9/14/05</u> Daytime Phone # <u>813 677-8675</u>	

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