

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005500

FILED
Jan 11, 2012
Secretary of State

Entity Name: MULTICULTURAL NURSING ORGANIZATION, INC.

Current Principal Place of Business:

39 CALLAO STREET
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

39 CALLAO STREET
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 20-3214332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, DAVID K PA
407 E MARION AVE STE 101
PUNTA GORDA, FL 33950 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: P
Name: BAPTISTE, NANCY
Address: 39 CALLAO STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP
Name: WINT, JACQUELINE
Address: 392 ADAIR STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S
Name: HUDSON, KATHLEEN
Address: 316 FRANCA STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: T
Name: BEYDE, IRENE
Address: 20510 ALBURY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D
Name: TAYLOR, FERDINAND
Address: 1600 VISCAYE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: ANDERSON-BURKE, ANA
Address: 3373 VASSAR STEET
City-St-Zip: PORT CHARLOTTE, FL 33980

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: NANCY BAPTISTE

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date