


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90001 009 ****61.25

DOCUMENT # N06000008253

1. Entity Name
 NAON SAINT AUGUSTINE CHAPTER, INC.



Principal Place of Business FLALER HOSPITAL 400 HEALTH PARK BLVD 8TH FLOOR SAINT AUGUSTINE, FL 32086 US	Mailing Address FLALER HOSPITAL 400 HEALTH PARK BLVD 8TH FLOOR SAINT AUGUSTINE, FL 32086 US
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05132008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, PAULA
 5330 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

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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: Paula Wilson / Paula Wilson DATE: 5/13/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, MARY
STREET ADDRESS	FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32086
TITLE	VP <i>Cato</i>
NAME	MAXWELL , DENISE <i>last name change only</i>
STREET ADDRESS	FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32086
TITLE	TREA
NAME	WILSON, PAULA
STREET ADDRESS	FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32086
TITLE	SECT
NAME	CORRODO, NAN
STREET ADDRESS	FLAGLER HOSPITAL 400 HEALTH PARK BLVD 8 FL
CITY-ST-ZIP	SAINTE AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paula Wilson DATE: 5-13-08 (904) 819-8056 *wrk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #