

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000044

FILED
Jan 05, 2011
Secretary of State

Entity Name: DEVELOPMENTAL DISABILITIES NURSES ASSOCIATION, INC.

Current Principal Place of Business:

620 EAST LIVINGSTON STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

620 EAST LIVINGSTON STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 93-1099214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, MARY A ED
620 EAST LIVINGSTON STREET
ORLANDO, FL 32803 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: MOORE, SARAH D
Address: 3408 PHEASANT HOLLOW
City-St-Zip: DENTON, TX 76207

Title: D
Name: BROWN, KATHLEEN A
Address: 1834 N 73RD COURT1
City-St-Zip: ELMWOOD PARK, IL 60707

Title: D
Name: CUNNINGHAM, RICHANNE
Address: 5416 CANDLE GLOW NE
City-St-Zip: ALBUQUERQUE, NM 87111

Title: D
Name: TUPPER, LINDA
Address: 19302 BARRED OWL COURT
City-St-Zip: LAND O'LAKES, FL 34638

Title: D
Name: STYCH, JUDITH A
Address: 3409 KINGMAN LANE
City-St-Zip: MADISON, WI 53719

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: MARY ALICE WILLIS

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date