

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000044

FILED  
Jan 05, 2012  
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: PRES  
Name: BROWN, KATHLEEN A  
Address: 1834 N 73RD COURT1  
City-St-Zip: ELMWOOD PARK, IL 60707

Title: P-EL  
Name: MCGOWAN, KAREN G  
Address: 6437 AZALEA GARDEN ROAD  
City-St-Zip: NORFOLK, VA 23518

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

Title: TREA  
Name: HILL, KAREN  
Address: 7008 ST RT 88  
City-St-Zip: RAVENNA, OH 44231

Title: VP  
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

DIR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date