

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008429

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CHAPTER, INFUSION NURSES SOCIETY, INC.

**Current Principal Place of Business:**

3404 CALUMET DRIVE  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 607272  
ORLANDO, FL 328607272

**New Mailing Address:**

**FEI Number:** 59-3083134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHRENKER, VIRGINIA M  
3404 CALUMET DRIVE  
ORLANDO, FL 32810 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: D  
Name: RANDY, MCCOWN  
Address: 2117 STONE ABBEY BLVE  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: TALBERT, SONDRRA  
Address: 2822 LIONHEART ROAD  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: FACUNDUS, JACK  
Address: 268 SALVADOR SQUARE  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: SCHRENKER, VIRGINIA M  
Address: 3404 CALUMET DRIVE  
City-St-Zip: ORLANDO, FL 32810

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: VIRGINIA M. SCHRENKER

DIR

04/24/2012

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

\_\_\_\_\_  
Date