

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009031

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ASSOCIATION OF NEONATAL NURSES INC.

**Current Principal Place of Business:**

560 EAST 5TH ST.  
CHULUOTA, FL 32766

**New Principal Place of Business:**

**Current Mailing Address:**

560 EAST 5TH ST.  
CHULUOTA, FL 32766

**New Mailing Address:**

**FEI Number:** 27-0796890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARLOW, CARRIE  
560 EAST 5TH ST.  
CHULUOTA, FL 32766 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:** BARLOW, CARRIE  
**Address:** 560 EAST 5TH ST.  
**City-St-Zip:** CHULUOTA, FL 32766

**Title:** T  
**Name:** STEBNER, CORINNE  
**Address:** 10525 STONE GLEN DR.  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** S  
**Name:** HAMBUECHEN, ELAYNE  
**Address:** 2112 ARBOR PARK DR.  
**City-St-Zip:** WINTER PARK, FL 32789

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:** CARRIE BARLOW

PRES

03/25/2010

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

\_\_\_\_\_  
Date