

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2011
Secretary of State

Entity Name: NORTH/EAST FLORIDA AMERICAN ASSOCIATION OF NEUROSCIENCE NURSES INC.

Current Principal Place of Business:

6358 TINTERN CIRCLE EAST
JACKSONVILLE, FL 32244

New Principal Place of Business:

9714 UNDERWOOD COURT
JACKSONVILLE, FL 32221

Current Mailing Address:

6358 TINTERN CIRCLE EAST
JACKSONVILLE, FL 32244

New Mailing Address:

9714 UNDERWOOD COURT
JACKSONVILLE, FL 32221

FEI Number: 30-0403119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HODGES, WAYNE
6358 TINTERN CIRCLE EAST
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

MOONEY, LESIA
9714 UNDERWOOD COURT
JACKSONVILLE, FL 32221 US

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: LESIA MOONEY

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOONEY, LESIA
Address: 9714 UNDERWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP
Name: YODER, ALYSSA
Address: 3821 HARTWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32216

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: LESIA MOONEY

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date