

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000146

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** SPECIAL NEEDS NURSES FOUNDATION INC

**Current Principal Place of Business:**

6020 SKEEN RD  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

6020 SKEEN RD  
LIVE OAK, FL 32060

**New Mailing Address:**

**FEI Number:** 27-4511383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUMBO, WANDA M  
755 HWY 17 SO  
SAN MATEO, FL 32187 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:** NIXON, PATTI  
**Address:** 6020 SKEEN RD  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** VP  
**Name:** NIXON, WILLIAM D  
**Address:** 6020 SKEEN RD  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** S/T  
**Name:** PEPPERS, EVEYLYN  
**Address:** 6020 SKEEN RD  
**City-St-Zip:** LIVE OAK, FL 32060

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:** PATTI NIXON

P

04/30/2012

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

\_\_\_\_\_  
Date