

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006884

FILED
Apr 27, 2012
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA CHAPTER SPN, INC.

Current Principal Place of Business:

7794 GROW DR.
PENSACOLA, FL 32514

New Principal Place of Business:

6703 NW 50TH WAY
GAINESVILLE, FL 32653

Current Mailing Address:

PO BOX 142465
GAINESVILLE, FL 32614

New Mailing Address:

FEI Number: 45-1302264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOCIETY OF PEDIATRIC NURSES INC
7794 GROW DR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

NCF CHAPTER SPN, INC
6703 NW 50TH WAY
GAINESVILLE, FL 32653 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: LAURA BRATCHER

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BRATCHER, LAURA
Address: 6703 NW 50TH WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: VP
Name: INDELICATO, LAUREN
Address: 10390 SW 105TH DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA
Name: MARTIN, SANDRA
Address: 8417 SW 46TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR
Name: KASPROW, MARIE
Address: 7709 SW 55TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: DIR
Name: REYNOLDS, MISSY
Address: 10922 NW 11TH AVE.
City-St-Zip: GAINESVILLE, FL 32608

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: LAURA BRATCHER

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date