

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20323

FILED
Jan 16, 2007
Secretary of State

Entity Name: FLORIDA EMERGENCY NURSES ASSOCIATION, INC.

Current Principal Place of Business:

1005 NW 10TH ST.
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1005 NW 10TH ST.
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0211927 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOOVER-MCGARRY, MARI L
1005 NW 10TH ST.
BOYNTON BEACH, FL 33426 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: PD () Delete
Name: WILLIAMS, DARLEEN A
Address: 1732 LIMEWOOD LANE
City-St-Zip: ORLANDO, FL 32818 US

Title: PD () Delete
Name: MCKERNAN, KEITH M
Address: 940 SW 79TH TERR
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DT () Delete
Name: MARI, HOOVER-MCGARRY L
Address: 1005 NW 10TH ST
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: SD () Delete
Name: WARREN, RHONDA
Address: 7926 RAIN TREE DR
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FOLEY, ANDI
Address: 4819 LIMERICK DR.
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARI HOOVER-MCGARRY

DT

01/16/2007

Electronic Signature of Signing Officer or Director

Date