

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35984

FILED
Feb 06, 2007
Secretary of State

Entity Name: FL CHAPTER : AIR/SURFACE TRANSPORT NURSES ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 280418
TAMPA, FL 33682 US

New Principal Place of Business:

4115 WEST GRANADA STREET
TAMPA, FL 33629 US

Current Mailing Address:

P.O. BOX 280418
TAMPA, FL 33682 US

New Mailing Address:

4115 WEST GRANADA STREET
TAMPA, FL 33629 US

FEI Number: 59-3021971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, HEATHER
P.O. BOX 280418
TAMPA, FL 33682 US

Name and Address of New Registered Agent:

KOCH, KATHLEEN
4115 WEST GRANADA STREET
TAMPA, FL 33629 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: KATHLEEN KOCH

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, MARIA
Address: 8125 S.W. 102 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: CHAMBERLAIN, KAREN
Address: 12601 S.W. 115TH AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WYANT, SCOTT
Address: 15632 EASTBOURN DR.
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: COLLINS, HEATHER
Address: P.O. BOX 280418
City-St-Zip: TAMPA, FL 33682

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAMBERLAIN, KAREN
Address: 1535 S. PERIMETER ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP (X) Change () Addition
Name: WYANT, SCOTT
Address: 15632 EASTBOURN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: S/T (X) Change () Addition
Name: KOCH, KATHLEEN
Address: 4115 WEST GRANADA STREET
City-St-Zip: TAMPA, FL 33629

Title: B (X) Change () Addition
Name: HODGES, WAYNE
Address: 6358 TINTERN CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32244

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: KATHLEEN KOCH

S/T

02/06/2007

Electronic Signature of Signing Officer or Director

Date