

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36560 (3)
1. Corporation Name
NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION, INC.



Principal Place of Business
**437 TWIN BAY DRIVE
PENSACOLA FL 32534-8350**

Mailing Address
**437 TWIN BAY DRIVE
PENSACOLA FL 32534-8350**

3. Date Incorporated or Qualified
02/12/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3018398

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BELINDA E PUETZ
437 TWIN BAY DRIVE
PENSACOLA FL 32534**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D**
PUETZ, BELINDA E.

STREET ADDRESS **437 TWIN BAY DRIVE**

CITY - ST - ZIP **PENSACOLA FL**

TITLE DELETE

NAME ~~TD~~

STREET ADDRESS ~~532 EL DORADO DR~~

CITY - ST - ZIP ~~ESCONDIDO CA~~

TITLE DELETE

NAME **PD**
WOLGRIN, FRANCIE

STREET ADDRESS **3425 COTTONWOOD DRIVE**

CITY - ST - ZIP **DURHAM NC**

TITLE DELETE

NAME **DS**
WARD, JAN

STREET ADDRESS **6619 MOSSY ROCK LN**

CITY - ST - ZIP **INDIANAPOLIS IN**

TITLE DELETE

NAME **VP**
FISCHER, KATHY

STREET ADDRESS **UNIV OF MI**

CITY - ST - ZIP **ANN ARBOR MI**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME **Treasurer**
Barbara Brunt

2.3 STREET ADDRESS **41 Arch Street**

2.4 CITY - ST - ZIP **Akron OH 44304**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Belinda E Puetz* **January 24, 1996** **904-474-0995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)