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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32534-13503. Date Incorporated or Qualified
02/12/19903a. Date of Last Report
01/31/19962. Principal Place of Business
21 7794 Grow Drive2a. Mailing Address
26 7794 Grow Drive4. FEI Number
59-3018398Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required22 City & State
23 Pensacola, FL27 City & State
28 Pensacola, FL6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 32514 25 Country U.S.

29 Zip 32514 30 Country U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELINDA E PUETZ
437 TWIN BAY DRIVE
PENSACOLA FL 32534

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PUETZ, BELINDA E.
STREET ADDRESS 437 TWIN BAY DRIVE
CITY - ST - ZIP PENSACOLA FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Puetz, Belinda E.
1.3 STREET ADDRESS 7794 Grow Drive
1.4 CITY - ST - ZIP Pensacola, FL 32514TITLE T ☐ DELETE
NAME BRUNT, BARBARA
STREET ADDRESS 41 ARCH ST.
CITY - ST - ZIP AKRON OH2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME WOLGRIN, FRANCIE
STREET ADDRESS 3425 COTTONWOOD DRIVE
CITY - ST - ZIP DURHAM NC3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME Wolgin, Francie
3.3 STREET ADDRESS 204 Lyn Anne Court
3.4 CITY - ST - ZIP Ann Arbor, MI 48103TITLE DS ☒ DELETE
NAME WARD, JAN
STREET ADDRESS 6619 MOSSY ROCK LN
CITY - ST - ZIP INDIANAPOLIS IN4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE VP ☐ DELETE
NAME FISCHER, KATHY
STREET ADDRESS UNIV OF MI
CITY - ST - ZIP ANN ARBOR MI5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE Secretary ☐ Change ☒ Addition
6.2 NAME Donna Wright
6.3 STREET ADDRESS 4615 Oakview Lane North
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption under s. 199.032, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073428

CR2E037 (9/96)

4-28-97

504-414-0995