FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
7794 GROW DR PENSACOLA FL 32514 US	7794 GROW DR PENSACOLA FL 32514 US

3. Date Incorporated or Qualified: 02/12/1990

4. FEI Number: 59-3018398 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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): 7794 Grow Drive

83

84 City: Pensacola FL 85 Zip Code: 32514

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: Belinda E Puetz — Belinda E. Puetz — 5-28-98
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	1.1 TITLE		☐ Change ☐ Addition
NAME	PUETZ, BELINDA E.		1.2 NAME		
STREET ADDRESS	7794 GROW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRUNT, BARBARA		2.2 NAME		
STREET ADDRESS	41 ARCH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WOLGRIN, FRANCIE		3.2 NAME	Wolgin, Francie	
STREET ADDRESS	204 LYN ANNE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ANN HARBOR MI		3.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WARD, JAN		4.2 NAME		
STREET ADDRESS	6819 MOSSY ROCK LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	FISCHER, KATHY		5.2 NAME	Schmidt, Kari	
STREET ADDRESS	UNIV OF MI		5.3 STREET ADDRESS	510 W. Minor Court	
CITY-ST-ZIP	ANN ARBOR MI		5.4 CITY-ST-ZIP	Milwaukee, WI 53217	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, DONNA		6.2 NAME		
STREET ADDRESS	4615 OAKVIEW LANE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MN		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 — Belinda E. Puetz — 5/28/98 — 1-800-489-1995