


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36560

1. Corporation Name
NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION, INC.

Principal Place of Business 7794 GROW DR PENSACOLA FL 32514 US	Mailing Address 7794 GROW DR PENSACOLA FL 32514 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/12/1990
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3018398
22	27	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29
24	25	30

9. Name and Address of Current Registered Agent BELINDA E PUETZ 7794 GROW DR PENSACOLA FL 32514	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNT, BARBARA	2.2 NAME	Brunt, Barbara
STREET ADDRESS	41 ARCH ST.	2.3 STREET ADDRESS	3112 Pontiers Rd., NE
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	Hartville, OH 44632
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLGIN, FRANCIE	3.2 NAME	Fisher, Kathleen
STREET ADDRESS	204 LYN ANNE CT	3.3 STREET ADDRESS	8486 Warner Road
CITY-ST-ZIP	ANN HARBOR MI	3.4 CITY-ST-ZIP	Ann Arbor, MI 48176
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, KARI	4.2 NAME	
STREET ADDRESS	510 W MINOR COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53217	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DONNA	5.2 NAME	Miller, Donna
STREET ADDRESS	4615 OAKVIEW LANE NORTH	5.3 STREET ADDRESS	7439 St. John Ct.
CITY-ST-ZIP	PLYMOUTH MN	5.4 CITY-ST-ZIP	Mentor, OH 44060
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Belinda E. Puetz* **REQUIRED** 4-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)