

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2004
Secretary of State**

DOCUMENT# N36560

Entity Name: NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION, INC.

Current Principal Place of Business:

7794 GROW DR
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

7794 GROW DR
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3018398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETZ, BELINDA E PHD, RN
7794 GROW DR
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRUNT, BARBARA
Address: 3112 PONTIUS ROAD, NE
City-St-Zip: HARTVILLE, OH 44632

Title: T () Delete
Name: ENRIQUEZ-MAERINA, ELSIE
Address: 11742 MILLSWAY DRIVE
City-St-Zip: SAN ANTONIO, TX 78253

Title: P () Delete
Name: WRIGHT, DONNA
Address: 16361 BAYWOOD LANE
City-St-Zip: EDEN PRARIE, MN 55346

Title: D () Delete
Name: AVILLION, ADRIANNE
Address: 106 STONEGATE ROAD
City-St-Zip: YORK, PA 17404

Title: S () Delete
Name: HINOJOSA, ELAINE
Address: 1703 HARING ROAD
City-St-Zip: METAIRIE, LA 70001

Title: D () Delete
Name: PUETZ, LINDA R
Address: 10308 MONROVIA
City-St-Zip: OVERLAND PARK, KS 88330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA WRIGHT

P

02/01/2004

Electronic Signature of Signing Officer or Director

Date