

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Jan 21, 2005
Secretary of State

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: T (X) Change () Addition
Name: SWIHART, DIANA
Address: 11309 LOUISA MAY WAY
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Change () Addition
Name: KRUGMAN, MARY
Address: 4200 E.NINTH AVENUE
City-St-Zip: DENVER, CO 80262

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

Title: VP (X) Change () Addition
Name: AVILLION, ADRIANNE
Address: 106 STONEGATE ROAD
City-St-Zip: YORK, PA 17404

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: BELINDA E PUETZ

ED

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date