

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Apr 12, 2006
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:

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

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: BELINDA E PUETZ

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: VP () 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
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCHMIDT, KARI
Address: 510 WEST MANOR CIRCLE
City-St-Zip: MILWAUKEE, WI 53217

Title: D (X) Change () Addition
Name: SMITH, ELAINE
Address: 6012 TURKEY FARM ROAD
City-St-Zip: CHAPEL HILL, NC 37514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date