2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED Apr 08, 2009 Secretary of State

Entity Name: NATIONAL NURSING STAFF DEVELOPMENT ORGANIZATION, INC.

	rincipal Place	of Business:	New Prince	cipal Place of Business:
7794 GRO PENSACC	W DR DLA, FL 32514	US		
Current M	lailing Address	s:	New Maili	ing Address:
7794 GRO PENSACC	W DR DLA, FL 32514	US		
El Number:	: 59-3018398	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired (X)
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
DANCY, JO 7794 GRO PENSACC		US		
	named entity so e of Florida.	ubmits this statement for the pur	rpose of changing i	its registered office or registered agent, or both,
SIGNATUR				
	Electroni	c Signature of Registered Agent	t	Date
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Nddress: Dity-St-Zip:	P () BRUNT, BARBAR 616 JARVIS RD AKRON, OH 443		Title: Name: Address: City-St-Zip:	() Change () Addition
	T ()	Delete	Title: Name:	T (X) Change () Addition AUCOIN, JULIA
Name: Nddress:	SWIHART, DIAN 11309 LOUISA N RIVERVIEW, FL	//AY WAY	Address: City-St-Zip:	4405 BRACADA DRIVE DURHAM, NC 27705 US
lame: Address: City-St-Zip: Title: Jame: Address:	SWIHART, DIAN 11309 LOUISA N RIVERVIEW, FL	MAY WAY 33569 US Delete NANCY EET	Address:	
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lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	SWIHART, DIAN 11309 LOUISA N RIVERVIEW, FL S () KONZELMANN, I 4 GARDEN STRI LINCOLN PARK, D () BLAUTH, CAROL 57 PLEASANT V. TITUSVILLE, NJ D () BRADLEY, DOR.	MAY WAY 33569 US Delete NANCY EET NJ 07035 Delete - ALLEY RD 08560 US Delete A REET, SUITE 600	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DURHAM, NC 27705 US S (X) Change () Addition KONZELMANN, NANCY 11386 SW MOUNTAIN ASH CIRCLE PORT ST. LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify 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: DAN CARLSON D 04/08/2009