

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Apr 15, 2010
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 (X)**

Name and Address of Current Registered Agent:

DANCY, JON A
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: P
Name: BRUCE, SANDRA
Address: 550 C STREET WEST, SUITE 25
City-St-Zip: RANDOLPH AFB, TX 78150 US

Title: T
Name: AUCOIN, JULIA
Address: 4405 BRACADA DRIVE
City-St-Zip: DURHAM, NC 27705 US

Title: S
Name: GUANCI, GEN
Address: 15 JAMES STREET
City-St-Zip: WINCHESTER, MA 01890 US

Title: D
Name: WARREN, JOAN
Address: 1107 NETHERLANDS CT
City-St-Zip: SILVER SPRINGS, MD 20905 US

Title: D
Name: BRADLEY, DORA
Address: 2001 BRYANT TOWER, SUITE 600
City-St-Zip: DALLAS, TX 75201 US

Title: D
Name: HARPER, MARY
Address: 1832 S CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby 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 all other like empowered.

SIGNATURE: DAN CARLSON

MGR

04/15/2010

Electronic Signature of Signing Officer or Director

Date