

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90127 043 ****61.25

DOCUMENT # N40188

1. Entity Name

A O R N OF THE GULF COAST OF FLORIDA INC.

Principal Place of Business

Mailing Address

2525 H. ROYAL PINES CIR
 CLEARWATER FL 33763
 US

2525 H. ROYAL PINES CIR
 CLEARWATER FL 33763
 US

2. Principal Place of Business

3. Mailing Address

8629 Pinetree Dr. W.
 Suite, Apt. #, etc.

8629 Pinetree Dr. W.
 Suite, Apt. #, etc.

City & State

City & State

Seminole FL

Seminole FL

Zip

Country

Zip

Country

33772

USA

33772

USA

4. FEI Number

52-1706994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITTY, RUTH
8624 PINETREE DRIVE W
SEMINOLE FL 34642

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33770

8. 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

Ruth Whitty Treasurer
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STRATMAN, DORIS	
STREET ADDRESS	7266 ROSE TREE PLACE W	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FENTRESS, MARY	
STREET ADDRESS	6288 93RD TERRACE, APT 4006	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, MARILYN	
STREET ADDRESS	1436 SAN JUAN CT	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWYMER, SUNDAY	
STREET ADDRESS	12322 SUN VISTA COURT E	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, MARGARET	
STREET ADDRESS	3048 52ND ST N	
CITY-ST-ZIP	GULFPORT FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITTY, RUTH	
STREET ADDRESS	8629 PINETREE DRIVE W	
CITY-ST-ZIP	SEMINOLE FL 34642	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Elect (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Albright	
STREET ADDRESS	13445 - 94th Avenue North	
CITY-ST-ZIP	Seminole, Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Board of Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Terovich	
STREET ADDRESS	10111 - 109th Street	
CITY-ST-ZIP	Seminole, Florida 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Whitty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02

CR2E037 (9/01)