

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40303

FILED
Aug 31, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS, INC.

Current Principal Place of Business:

P.O. BOX 20944
ST. PETERSBURG, FL 33742 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20944
ST. PETERSBURG, FL 33742 US

New Mailing Address:

FEI Number: 65-0213738 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FULOP, DEBORAH
2257 DAVE DRIVE E
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

FULOP, DEBORAH
2257 SAYE DRIVE E
JACKSONVILLE, FL 32225 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: _____

08/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: THEOBALD, KAREN
Address: 3975 17TH AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: PP () Delete
Name: KRAUS, MARYLEE
Address: 3545 FOXCROFT CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: IRVINE, KIMBERLY
Address: 26081 LOBLOLLY LANE
City-St-Zip: LAND O' LAKES, FL 34649

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:

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: KAREN S. THEOBALD

TD

08/31/2005

Electronic Signature of Signing Officer or Director

Date