# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2009**
**Secretary of State**

DOCUMENT# N40303

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

**Current Principal Place of Business:**

9808 SW 54TH LANE
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14572
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

**FEI Number: 65-0213738** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMAN, JACQUI
14523 BAY HILLS DRIVE
LARGO, FL 33774 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: | TD | ( ) Delete |
| Name: | MONTROWL, SHERYL J | |
| Address: | 9808 SW 54TH LANE | |
| City-St-Zip: | GAINESVILLE, FL 32608 | |
| Title: | PP | ( ) Delete |
| Name: | BOTWINKSKI, CAROL | |
| Address: | 10443 SILHAVY DRIVE | |
| City-St-Zip: | LARGO, FL 33774 | |
| Title: | SD | ( ) Delete |
| Name: | IRVINE, KIMBERLY | |
| Address: | 26081 LOBLOLLY LANE | |
| City-St-Zip: | LAND O' LAKES, FL 34649 | |
| Title: | P | ( ) Delete |
| Name: | HOFFMAN, JACQUI | |
| Address: | 14523 BAY HILLS DRIVE | |
| City-St-Zip: | LARGO, FL 33774 | |

**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: | |

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: SHERYL J MONTROWL TD 02/03/2009

Electronic Signature of Signing Officer or Director — Date