

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40303

FILED
Jan 24, 2010
Secretary of State

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:

PO BOX 14572
ST PETERSBURG, FL 337334572 US

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:

BARTELSON, RUTH
2878 BUCCANEER DRIVE
WINTER PARK, FL 32792 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: RUTH BARTELSON

01/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: MONTROWL, SHERYL J
Address: 9808 SW 54TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: PP
Name: HOFFMAN, JACQUI
Address: 14523 BAY HILLS DRIVE
City-St-Zip: LARGO, FL 33774

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

Title: P
Name: BARTELSON, RUTH
Address: 2878 BUCCANEER DRIVE
City-St-Zip: WINTER PARK, FL 32792

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: SHERYL J MONTROWL

TD

01/24/2010

Electronic Signature of Signing Officer or Director

Date