

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40645** (6)

1. Corporation Name  
**THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA A BAY INC.**



900001772119  
-04/08/96--01035--019  
\*\*\*61.25

Principal Place of Business: P. O. BOX 1007 TAMPA FL 33601-1007  
Mailing Address: P. O. BOX 1007 TAMPA FL 33601-1007

3. Date Incorporated or Qualified: 11/05/1990  
3a. Date of Last Report: 03/03/1995  
4. FEI Number: 59-2965696  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 5207 Whiteway Drive  
22 Temple Terrace  
23 Florida  
24 33617  
25 USA  
2a. Mailing Address: 26 5207 Whiteway Drive  
27 Temple Terrace  
28 Florida  
29 33617  
30 USA

9. Name and Address of Current Registered Agent  
**HEALD, PAULA  
3813 RAVENNA DR  
VALRICO FL 33594**

10. Name and Address of New Registered Agent  
81 Name: **Connie L. Hammond**  
82 Street Address (P.O. Box Number is Not Acceptable): **5207 Whiteway Drive  
Temple Terrace, FL 33617**  
84 City: **FL**  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: **CONNIE LEE HAMMOND** (Signature) **Connie Lee Hammond** (Typed Name) **3/13/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE: <b>BD</b>	NAME: <b>MCDONOUGH, LISHA</b>	STREET ADDRESS: <b>3904 BUTTERNUT CT.</b>	CITY-ST-ZIP: <b>BRANDON FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>BD</b>	NAME: <b>SUSAN GEORGE</b>	STREET ADDRESS: <b>17607 CLOVER CREEK PLACE</b>	CITY-ST-ZIP: <b>LUTZ FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE: <b>V</b>	NAME: <b>WILLIAMS, VIRGINIA</b>	STREET ADDRESS: <b>10842 PEPPERSONG DR.</b>	CITY-ST-ZIP: <b>RIVERVIEW FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>S</b>	NAME: <b>ZIFFRA, KAREN</b>	STREET ADDRESS: <b>4255 W. HUMPHREY #2122</b>	CITY-ST-ZIP: <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>P</b>	NAME: <b>NOLTE, GAYLE</b>	STREET ADDRESS: <b>3003 RIPPLEWOOD DR</b>	CITY-ST-ZIP: <b>SEFFNER FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE: <b>T</b>	NAME: <b>HEALD, PAULA</b>	STREET ADDRESS: <b>3813 RAVENNA DR</b>	CITY-ST-ZIP: <b>VALRICO FL</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: <b>BD</b>	NAME: <b>MCDONOUGH, LISHA</b>	STREET ADDRESS: <b>3904 BUTTERNUT CT</b>	CITY-ST-ZIP: <b>BRANDON, FL 33511</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: <b>BD</b>	NAME: <b>SCHULTZ-WHITLOCK, LINDA</b>	STREET ADDRESS: <b>11507 WHISPERING HOLLOW DR</b>	CITY-ST-ZIP: <b>TAMPA, FL 33635</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE: <b>President</b>	NAME: <b>Virginia Williams</b>	STREET ADDRESS: <b>10842 Peppersong Dr.</b>	CITY-ST-ZIP: <b>Riverview, FL 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: <b>Secretary</b>	NAME: <b>Karen Ziffra</b>	STREET ADDRESS: <b>3601 Landings Way Drive</b>	CITY-ST-ZIP: <b>Tampa, FL 33624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: <b>BD</b>	NAME: <b>TRUDY HAMILTON</b>	STREET ADDRESS: <b>11334 BLACK BARK DR</b>	CITY-ST-ZIP: <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE: <b>Treasurer</b>	NAME: <b>Connie L. Hammond</b>	STREET ADDRESS: <b>5207 Whiteway Drive</b>	CITY-ST-ZIP: <b>Temple Terrace, FL 33617</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Connie Lee Hammond** (Signature) **3/13/96** (Date) **(813) 988-7558** (Phone)

CR2E037 (12/95)