


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90039 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40645**

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

Principal Place of Business 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617	Mailing Address 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/05/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2965696
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAMMOND, CONNIE L. 5207 WHITEWAY DR. TEMPLE TERRACE FL 33617		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BD <input type="checkbox"/> DELETE	1.1 TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, KAREN	1.2 NAME	Leda Dixon
STREET ADDRESS	4423 TRANSUE DRIVE	1.3 STREET ADDRESS	20 Martinique Avenue
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	BD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, ELLEN	2.2 NAME	
STREET ADDRESS	14610 KNOLL RIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONOUGH, LISHA	3.2 NAME	Trudy Hamilton
STREET ADDRESS	3904 BUTTERNUT CT	3.3 STREET ADDRESS	11324 Blackbark Drive
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIFFRA, KAREN	4.2 NAME	
STREET ADDRESS	3601 LANDINGS WAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	
TITLE	BD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, BARBARA	5.2 NAME	Elaine M. Bourguin
STREET ADDRESS	934 DAPHNE DRIVE	5.3 STREET ADDRESS	324 Laxton Lane
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	Valrico, FL 33594
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, CONNIE L.	6.2 NAME	
STREET ADDRESS	5207 WHITEWAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Connie L. Hammond SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1-23-99 Daytime Phone #: (813) 988-7558

CR2E037 (11/98)