


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90635 045 \*\*\*\*61.25


**DOCUMENT # N40645**  
1. Entity Name  
**THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.**



Principal Place of Business Mailing Address  
15144 SPRINGVIEW TAMPA FL 33624 15144 SPRINGVIEW TAMPA FL 33624

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

14001656  
  
MOORE CR2E037 (11/03)  
4. FEI Number 59-2965696 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHORT, JOYCE**  
**15144 SPRINGVIEW STREET**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Joyce Short* DATE *4-8-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME	S SPRADLIN, LUDNILA	<input type="checkbox"/> Delete
STREET ADDRESS	701 KINGSWOOD PL	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	P MOSER, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	16316 SAMBOURNE LANE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	T SHORT, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	15144 SPRINGVIEW	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	PE LEHMAN, BRANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3213 LUTZ LAKE FERN ROAD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	BD ACOSTA, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	1115 S. LITHIA PINE CREST RD.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE NAME	BD DRAPER, MARY FRANC	<input type="checkbox"/> Delete
STREET ADDRESS	2603 CAZUMEL DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Maureen Doyle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5255 Conquina Key Dr.	
CITY-ST-ZIP	Saint Petersburg, FL 33705	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Joyce Short* *Joyce Short* DATE: *4-8-04* DAYTIME PHONE #: *727-942-5052*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR