


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90303 009 \*\*\*\*61.25

<b>DOCUMENT # N40645</b>					
1. Entity Name THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.					
Principal Place of Business 15144 SPRINGVIEW TAMPA, FL 33624		Mailing Address 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		4. FEI Number 59-2965696	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHORT, JOYCE 15144 SPRINGVIEW STREET TAMPA, FL 33624			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 <i>Joyce Short</i>		Date <i>4-18-05</i>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Susan Pressley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRADLIN, LUDNILA		NAME	4131 Quail Bend Dr	
STREET ADDRESS	701 KINGSWOOD PL		STREET ADDRESS	Valrico, FL 33594	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Ludmila Spradlin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, KAREN		NAME	701 Kingswood Place	
STREET ADDRESS	16316 SAMBOURNE LANE		STREET ADDRESS	Brandon, FL 33511	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, JOYCE		NAME		
STREET ADDRESS	15144 SPRINGVIEW		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	PE	<input type="checkbox"/> Delete	TITLE	Marcia Parker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, MAUREEN		NAME	101 Cambridge Trail	
STREET ADDRESS	5255 CONQUINA KEY DR		STREET ADDRESS	SW City, FL 33573	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, JENNIFER		NAME		
STREET ADDRESS	1115 S. LITHIA PINE CREST RD.		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, MARY FRANC		NAME		
STREET ADDRESS	2603 CAZUMEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		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: <i>Joyce Short</i>		Date: <i>4-18-05</i>		Daytime Phone #: <i>813-979-3938</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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