

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40645

FILED
May 01, 2008
Secretary of State

Entity Name: THE ASSOCIATION OF OPERATING ROOM NURSES OF TAMPA BAY INC.

Current Principal Place of Business:

15144 SPRINGVIEW
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

15144 SPRINGVIEW
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2965696 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHORT, JOYCE
15144 SPRINGVIEW STREET
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ESSENWEIR, JANELLE
Address: 10803 PROVIDENCE OAKS DR
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: GARRETT, CONNIE
Address: 11724 TOM FOLSON RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: PE () Delete
Name: SHORT, JOYCE
Address: 15144 SPRINGVIEW
City-St-Zip: TAMPA, FL 33624

Title: TRES () Delete
Name: MORGAN, GAYLE
Address: 3211 WEST SWAN AVE
City-St-Zip: TAMPA, FL 33609

Title: BOD () Delete
Name: SNOWDEN COORDON, MARY
Address: 14102 HOLLING FARE PL
City-St-Zip: TAMPA, FL 33624

Title: BD () Delete
Name: CONNIE, HAMMOND BD
Address: 5207 WHITEWAY DRIVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHORT, JOYCE
Address: 15144 SPRINGVIEW STREET
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: SPRADLIN, LUDI
Address: 101 CAMBRIDGE TRAIL 1-195
City-St-Zip: SUN CITY, FL 33573

Title: TRES (X) Change () Addition
Name: PARKER, MARSHA
Address: 101 CAMBRIDGE TRAIL 1-195
City-St-Zip: SUN CITY, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE SHORT

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date