

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40645

FILED  
Mar 27, 2009  
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:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

**Current Mailing Address:**

15144 SPRINGVIEW  
TAMPA, FL 33624

**New Mailing Address:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

**FEI Number:** 59-2965696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHORT, JOYCE  
15144 SPRINGVIEW STREET  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

FORTENBERRY, LANITA M  
32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

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: LANITA M. FORTENBERRY

03/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

Title: TRES (X) Change ( ) Addition  
Name: FORTENBERRY, LANITA  
Address: 32001 STATE ROAD 52  
City-St-Zip: SAN ANTONIO, FL 33576 US

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: LANITA M. FORTENBERRY

TRES

03/27/2009

Electronic Signature of Signing Officer or Director

Date