

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40645

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

**New Principal Place of Business:**

**Current Mailing Address:**

32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 US

**New Mailing Address:**

**FEI Number:** 59-2965696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTENBERRY, LANITA M  
32001 STATE ROAD 52  
SAN ANTONIO, FL 33576 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  
Name: SPRADLIN, LUDI  
Address: 101 CAMBRIDGE TRAIL 1-195  
City-St-Zip: SUN CITY, FL 33573

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

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

I hereby 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 all other like empowered.

SIGNATURE: LANITA M. FORTENBERRY

TREA

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date