

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42070 (5)**

1. Corporation Name

**THE ASSOCIATION OF OPERATING ROOM NURSES OF NORTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

921 SCHOONERS BAY DR  
ATLANTIC BEACH FL 32233  
US

921 SCHOONERS BAY DR  
ATLANTIC BEACH FL 32233  
US

3. Date Incorporated or Qualified **02/14/1991** 3a. Date of Last Report **04/20/1995**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
3201 PERCY RD					3201 PERCY RD				
JAX FL					JAX FL				
32218 US					32218 US				

4. FEI Number	Applied For
59-3010852	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, MARY  
921 SCHOONERS BAY DR  
ATLANTIC BEACH FL 32233

81	Name	JOAN HARROLD
82	Street Address (P.O. Box Number is Not Acceptable)	3201 PERCY RD
83	City & State	JAX FL
84	City	JAX
85	Zip Code	32218

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joan Harrold RN*

3-22-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<del>P</del>	<input checked="" type="checkbox"/>
NAME	<del>WHITE, MARY</del>	
STREET ADDRESS	<del>921 SCHOONERS BAY DR</del>	
CITY-ST-ZIP	<del>ATLANTIC BEACH FL</del>	
TITLE	<del>X P</del>	<input type="checkbox"/>
NAME	<del>HARROLD, JOAN</del>	
STREET ADDRESS	<del>3201 PERCY RD</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	
TITLE	<del>X S</del>	<input type="checkbox"/>
NAME	<del>LARSON, MARGARET</del>	
STREET ADDRESS	<del>4035 BUCKSKIN TRAIL E</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/>
NAME	<del>ODOM, SHIRLEY</del>	
STREET ADDRESS	<del>2136 BRIGHTON BAY TRAIL W</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/>
NAME	<del>PROKUP, DEBORAH</del>	
STREET ADDRESS	<del>1525 SHEDD ROAD</del>	
CITY-ST-ZIP	<del>GREEN COVE SPRINGS FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/>
NAME	<del>ALBERTSON, MARY EVELYN</del>	
STREET ADDRESS	<del>1321 MUNDY DRIVE</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TREASURER (D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	SUSAN BROOKS		
1.3 STREET ADDRESS	6404 Colgate Rd		
1.4 CITY-ST-ZIP	Jacksonville, FL 32217		
2.1 TITLE	VP (V)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	MARY EVELYN ALBERTSON		
2.3 STREET ADDRESS	1321 Mundy Drive		
2.4 CITY-ST-ZIP	Jacksonville, FL 32207		
3.1 TITLE	(D/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	LARSON, MARGARET		
3.3 STREET ADDRESS	4035 BUCKSKIN TRAIL E.		
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Bear, Catherine		
4.3 STREET ADDRESS	4321 Kelnepa Dr.		
4.4 CITY-ST-ZIP	Jacksonville, FL 32207		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Landry, Sheila		
5.3 STREET ADDRESS	5114 Greenway Dr. N.		
5.4 CITY-ST-ZIP	Jacksonville, FL 32244		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan Harrold*

3-18-1996

1-904-768 0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)