


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90038 016 \*\*\*\*61.25

<b>DOCUMENT # N42070</b>			
1. Entity Name <b>THE ASSOCIATION OF OPERATING ROOM NURSES OF NORTHEAST FLORIDA, INC.</b>			
Principal Place of Business 6404 COLGATE RD JACKSONVILLE, FL 32217 US		Mailing Address 6404 COLGATE RD JACKSONVILLE, FL 32217 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRUEGER, PAMELA 127 VISTA COVE RD SAINT AUGUSTINE, FL 32084		Name Street Address (P.O. Box Number is Not Acceptable) <i>1527 Vista Cove Rd</i> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ANN N 13888 HANOVER PARK CT. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Austin, Elizabeth</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DP</i> <i>222 Vista Grand</i> <i>Ponte Vedra Beach, FL 32082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, SUSAN E 6404 COLGATE RD JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Prokup, Debbie DS</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1525 Shedd Road</i> <i>Green Cove Springs, FL 32043</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALARINOS, CONNIE 8184 FORT LEE TRAIL JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, MARGARET 4035 BUCKSKIN TR E JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRUEGER, PAMELA 1527 VISTA COVE RD ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONNELLY, LINDA K 650 TALLWOOD RD JAX BCH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Pamela Krueger</i>		PAMELA KRUEGER 4/19/04 (904) 202-5107	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

44032085



02222004 Chg-NP CR2E037 (10/03)

4. FEI Number  
74-2653838 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required