

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2007
Secretary of State

DOCUMENT# N42070

Entity Name: THE ASSOCIATION OF OPERATING ROOM NURSES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

6404 COLGATE RD
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6404 COLGATE RD
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 74-2653838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUEGER, PAMELA
1527 VISTA COVE RD.
SAINT AUGUSTINE, FL 32084 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: DP () Delete
Name: DAVIS, SUSAN
Address: 6404 COLGATE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: DV () Delete
Name: TYDE, VICKY
Address: 1148 EAGLE POINT DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: VALARINOS, CONNIE
Address: 8184 FORT LEE TRAIL
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS () Delete
Name: LARSON, MARGARET
Address: 4035 BUCKSKIN TR E
City-St-Zip: JACKSONVILLE, FL 32277

Title: DT () Delete
Name: KRUEGER, PAMELA
Address: 1527 VISTA COVE RD
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: AUSTIN, ELIZABETH
Address: 222 VISTA GRANDE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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 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: ANN W. LONG, RN

D

03/17/2007

Electronic Signature of Signing Officer or Director

Date