

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90045 034 ****61.25

DOCUMENT # N42070

1. Entity Name

THE ASSOCIATION OF OPERATING ROOM NURSES OF NORTHEAST FLORIDA, INC.



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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-2653838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**
NAME **LONG, ANN N** ☐ Delete
STREET ADDRESS **13888 HANOVER PARK CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D**
NAME **Long, Ann** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **BROOKS, SUSAN E** ☐ Delete
STREET ADDRESS **6404 COLGATE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **VALARINOS, CONNIE** ☐ Delete
STREET ADDRESS **8184 FORT LEE TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **DP**
NAME **VALARINOS, Connie** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **LARSON, MARGARET** ☐ Delete
STREET ADDRESS **4035 BUCKSKIN TR E**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **KRUEGER, PAMELA** ☐ Delete
STREET ADDRESS **1527 VISTA COVE RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

TITLE **DT**
NAME **KRUEGER, PAMELA** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS**
NAME **CONNELLY, LINDA K** ☐ Delete
STREET ADDRESS **650 TALLWOOD RD**
CITY-ST-ZIP **JAX BCH FL 32250**

TITLE **DV**
NAME **Connelly, Linda** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

PAMELA KRUEGER 1/14/03 (909) 827-1527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)