

# 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 NORT  
HEAST 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

4. FEI Number **74-2653838**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	LONG, ANN N	13888 HANOVER PARK CT.	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	BROOKS, SUSAN E	6404 COLGATE RD	JACKSONVILLE FL 32217	<input type="checkbox"/>
D	VALARINOS, CONNIE	8184 FORT LEE TRAIL	JACKSONVILLE FL 32244	<input type="checkbox"/>
D	LARSON, MARGARET	4035 BUCKSKIN TR E	JACKSONVILLE FL 32277	<input type="checkbox"/>
D	KRUEGER, PAMELA	1527 VISTA COVE RD	ST AUGUSTINE FL 32095	<input type="checkbox"/>
DS	CONNELLY, LINDA K	650 TALLWOOD RD	JAX BCH FL 32250	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	LONG, ANN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DP	VALARINOS, CONNIE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DT	KRUEGER, PAMELA			<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	CONNELLY, LINDA			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)