

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49824

FILED
Jul 12, 2004
Secretary of State

Entity Name: SEXUAL ASSAULT NURSE EXAMINERS, INC.

Current Principal Place of Business:

1910 MATHIS RD
ST CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

1910 MATHIS RD
ST CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 59-3133488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIOFF, PAMELA
1910 MATHIS RD
ST CLOUD, FL 34771 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: VPST () Delete
Name: BEDNAR, JUDITH
Address: 3236 TIMUCUA CR
City-St-Zip: ORLANDO, FL

Title: P () Delete
Name: STEIOFF, PAM,
Address: 1910 MATHIS RD
City-St-Zip: ST CLOUD, FL

Title: D () Delete
Name: MIRANTI, JOSEPH
Address: 714 W. BRYAN STREET
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: EDDY, DONNA
Address: 20 S. ROSE, SUITE 2
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: PATEL, BARRY
Address: 591 OAK COMMONS BLVD, SUITE
City-St-Zip: KISSIMMEE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAM STEIOFF

P

07/12/2004

Electronic Signature of Signing Officer or Director

Date