

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003615

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** FLORIDA ORGANIZATION OF NURSE EXECUTIVES, INC.

**Current Principal Place of Business:**

1235 E. CONCORD ST.  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 533992  
ORLANDO, FL 32853 US

**New Mailing Address:**

**FEI Number:** 59-3225578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOVAL, YVONNE  
1235 E. CONCORD ST.  
ORLANDO, FL 32803 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: PD  
Name: MAUCK, JAN  
Address: 1235 E. CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: PPD  
Name: SARDUY, INNETTE  
Address: 1235 E. CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: PED  
Name: HARRIS, DENISE  
Address: 1235 E. CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: SD  
Name: CELANO, PATRICIA  
Address: 1235 E. CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: TD  
Name: SEELEY, STEVE  
Address: 1235 E. CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

Title: EAD  
Name: DOVAL, YVONNE M  
Address: 1235 E CONCORD ST  
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: YVONNE M DOVAL

EAD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date