

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003622

FILED
May 03, 2004
Secretary of State**Entity Name:** FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDATION, INC.**Current Principal Place of Business:**1235 E. CONCORD ST.
ORLANDO, FL 32803 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 533992
ORLANDO, FL 32853 US**New Mailing Address:****FEI Number:** 59-3225580**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORRES, YVONNE M
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 () Delete
Name: CLARK, JOAN
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803**Title:** PED () Delete
Name: MARTORELLA, CHRISTOPHER
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803**Title:** PPD () Delete
Name: REED-JONES, SUE
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803**Title:** TD () Delete
Name: FANSLER, JANET
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803**Title:** SD () Delete
Name: HARDESTY, PAMELA
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32853**Title:** D () Delete
Name: TIEDEKEN, KATHLEEN
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PPD (X) Change () Addition
Name: CLARK, JOAN
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803**Title:** PD (X) Change () Addition
Name: MARTORELLA, CHRISTOPHER
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803**Title:** PED (X) Change () Addition
Name: FANSLER, JANET
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803**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: CHRISTOPHER MARTORELLA

PD

05/03/2004

Electronic Signature of Signing Officer or Director

Date