

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003622

FILED
Apr 30, 2008
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:

DOVAL, 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: PPD () Delete
Name: DRUMMOND-HUTH, BARBARA
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PED () Delete
Name: KNARR, LORI
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: BRADFORD, SUE
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: HARRIS, DENISE
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: QUINTERO, LISA
Address: 1235 E. CONCORD ST.
City-St-Zip: ORLANDO, FL 32803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change () Addition
Name: CLAUDIA, DISTRITO
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PD (X) Change () Addition
Name: KNARR, LORI
Address: 1235 E. CONCORD ST
City-St-Zip: ORLANDO, FL 32803

Title: PED (X) Change () Addition
Name: BRADFORD, SUE
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 exemption stated in Chapter 119, 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: YVONNE DOVAL

EAD

04/30/2008

Electronic Signature of Signing Officer or Director

Date