2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N94000000964

Entity Name: FLORIDA ASSOCIATION OF ENTEROSTOMAL THERAPY, INC.

Current Principal Place of Business:

2928 HUNTERS LANE
OVIEDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

2928 HUNTERS LANE
OVIEDO, FL 32766 US

New Mailing Address:

FEI Number: 59-3284749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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:	P	( ) Delete
Name:	DEMERS, CHARLENE	
Address:	2928 HUNTERS LANE	
City-St-Zip:	OVIEDO, FL 32766	
Title:	VP	( ) Delete
Name:	BARTON, TERRY	
Address:	1197 LAZY HOLLOW PL	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	T	( ) Delete
Name:	KEHOE, KIM	
Address:	6385 TURTLE MOUND ROAD	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Delete
Name:	RAVENHORST, LINDA	
Address:	9350 SESAME CT	
City-St-Zip:	SPRING HILL, FL 34608	
Title:	D	( ) Delete
Name:	LYNCH, CHERYL	
Address:	2993 GELN HAVEN DR	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	S	( ) Delete
Name:	WEIR, DOT	
Address:	11423 WILLOW GARDENS DR.	
City-St-Zip:	WINDERMERE, FL 34786	

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:		
Title:	S	(X) Change ( ) Addition
Name:	CROSSLAND, DONNA	
Address:	1385 TWISDALE AVE SE	
City-St-Zip:	PALM BAY, FL 32909	

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: KIM KEHOE TREA 05/04/2007

Electronic Signature of Signing Officer or Director — Date