

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000964

FILED  
Apr 13, 2008  
Secretary of State

**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 ( )**

**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: CROSSLAND, DONNA  
Address: 1385 TWISDALE AVE SE  
City-St-Zip: PALM BAY, FL 32909

**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: D (X) Change ( ) Addition  
Name: BAGBY, BARBARA  
Address: 1438 EMERALD HILL WAY  
City-St-Zip: VALRICO, FL 33594

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: CHARLENE DEMERS

P

04/13/2008

Electronic Signature of Signing Officer or Director

Date