

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000964

FILED
Apr 06, 2009
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:

6385 TURTLEMOUND RD.
NEW SMYRNA BEACH, FL 32169 US

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: BAGBY, BARBARA
Address: 1438 EMERALD HILL WAY
City-St-Zip: VALRICO, FL 33594

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:

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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: KIM KEHOE

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date