

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000964

FILED
Jan 17, 2012
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF ENTEROSTOMAL THERAPY, INC.

Current Principal Place of Business:

1197 LAZY HOLLOW PLACE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

1197 LAZY HOLLOW PLACE
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3284749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTON, TERRY
1197 LAZY HOLLOW PLACE
WINTER PARK, FL 32792 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
Name: BARTON, TERRY
Address: 1197 LAZY HOLLOW PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: VP
Name: SOTOMAYOR, RON
Address: PO BOX 533724
City-St-Zip: ORLANDO, FL 32853

Title: T
Name: KWIATKOWSKI, KATHY
Address: 198 BENJAMIN DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: S
Name: SCOTT, NANCY
Address: 1809 CATTLEMEN DRIVE
City-St-Zip: BRANDON, FL 33511

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

Title: D
Name: MUSE, PATRICIA
Address: 2125 FALMOUTH ROAD
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN KWIATKOWSKI

T

01/17/2012

Electronic Signature of Signing Officer or Director

Date