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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006080

1. Corporation Name

VASCULAR NURSING CERTIFICATION BOARD, INC. (VNCB)

Principal Place of Business

7794 GROW DRIVE
PENSACOLA FL 32514

Mailing Address

7794 GROW DRIVE
PENSACOLA FL 32514



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

59-3476326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PUETZ, BELINDA E
7794 GROW DRIVE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PUETZ, BELINDA E**
CITY-STATE-ZIP **7794 GROW DRIVE**
PENSACOLA FL 32514

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BAUM, PAT**
CITY-STATE-ZIP **46 NORWOOD AVENUE**
MANCHESTER MA 01944

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WALSH, EILEEN**
CITY-STATE-ZIP **2109 HUGHES DRIVE**
TOLEDO OH 43606

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **TRAPP, PATTI LYNN**
CITY-STATE-ZIP **8303 OKPEALUK STREET**
RAPID CITY SD 57702

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **JACOBSEN, JOAN**
CITY-STATE-ZIP **850 FOXFIELD RD**
OREGON WI 53575

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition
President
Mary Sieggreen
21008 Taft
Northville, MI 48167

☒ Change ☐ Addition
Secretary
Jennifer Dzieciuch
819 SW 51st Way
Gainesville, FL 32607

☒ Change ☐ Addition
Director
Pat Matula
1322 Atlas Lane
Northampton, PA 18067

☒ Change ☐ Addition
Director
Steven Spaner
7 Ladue Hills Drive
St. Louis, MO 63132

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 (800) 474-6963

CR2E037 (11/98)