

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001046

FILED
Apr 29, 2008
Secretary of State

Entity Name: NORTHEAST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

110 ROSS RD
SATSUMA, FL 321890581

New Principal Place of Business:

Current Mailing Address:

110 ROSS RD
SATSUMA, FL 321890581

New Mailing Address:

FEI Number: 59-3605400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SCOTT C ESQ
37 N. ORANGE AVE
SUITE 200
ORLANDO, FL 32801 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: D () Delete
Name: CASSELL, GAIL
Address: 4215 HARBOUR ISLAND DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: FARIS, CARSON
Address: 1701 SW 37TH AVE.
City-St-Zip: OCALA, FL 34478

Title: DV () Delete
Name: COX, RACHEAL
Address: 2639 TREASERE COVE LV
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: KOHL, ELLEN
Address: 231 E.FORSYTH ST., #400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT () Delete
Name: ROBERTS, LINDA
Address: 110 ROSS RD
City-St-Zip: SATSUMA, FL 32189

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:

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: LINDA ROBERTS

DT

04/29/2008

Electronic Signature of Signing Officer or Director

Date