2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N99000001046

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 D. ROBERTS DT 04/07/2009

Electronic Signature of Signing Officer or Director — Date