

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001046

FILED
Mar 07, 2011
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
Name: SMITH, CLAIRE
Address: 111 BUSCH DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: PD
Name: FARIS, CARSON
Address: 2425 SW 3RD AVE, #149
City-St-Zip: OCALA, FL 34471

Title: DV
Name: O'BRIEN, SANDRA
Address: 2213 BRISTOL SPRINGS CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD
Name: THOMAS, BARBARA
Address: 3122 PLUMTREE DR.
City-St-Zip: JACKSONVILLE, FL 32277

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

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: LINDA D. ROBERTS

DT

03/07/2011

Electronic Signature of Signing Officer or Director

Date