

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90001 038 \*\*\*\*61.25

**DOCUMENT # N99000001047**

1. Entity Name

**NORTHWEST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.**

Principal Place of Business

Mailing Address

180 GOVERNMENTAL CTR  
 PENSACOLA FL 32501  
 US

PO BOX 12910  
 PENSACOLA FL 32521  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3568629**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, SCOTT C ESQ**  
**37 N ORANGE AV SUITE 200**  
**ORLANDO FL 32801**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D WILSON, KRISTY**  
 STREET ADDRESS **505 RIOLA PLACE**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T ENSELL, BRYNN**  
 STREET ADDRESS **11614 WAKEFIELD DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D JOHNSON, ALINA**  
 STREET ADDRESS **115 GLEN EAGLES DR.**  
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D BROWN, BETTY JEAN**  
 STREET ADDRESS **916 S. I ST., APT. #3**  
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V STOOPS, KAREN**  
 STREET ADDRESS **10137 BITTERN DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **P LONG, PAMELA**  
 STREET ADDRESS **6936 KITTY HAWK DRIVE**  
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brynn Ensell*  
**Brynn Ensell**

*01/08/2002*  
 Date

*850 435-1664*  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)