2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/7/

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-07-2004 90005 012 ****70.00

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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

06042004 Chg-NP CR2E037 (10/03)

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): 1000 Legion Place Suite 1700 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME WILSON, KRISTY STREET ADDRESS 505 RIOLA PLACE CITY-ST-ZIP PENSACOLA, FL 32506	☑ Delete	TITLE P NAME Dicken, Deborah STREET ADDRESS 4410 Adams Road CITY-ST-ZIP Pace, FL 32571	☐ Change ☑ Addition
TITLE T NAME ENSELL, BRYNN STREET ADDRESS 11614 WAKEFIELD DRIVE CITY-ST-ZIP PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JOHNSON, ALINA STREET ADDRESS 115 GLEN EAGLES DR. CITY-ST-ZIP NICEVILLE, FL 32578	☑ Delete	TITLE S NAME Dillow, Lee STREET ADDRESS 1700 East Lakeview Ave. CITY-ST-ZIP Pensacola, FL 32503	☐ Change ☑ Addition
TITLE D NAME BROWN, BETTY JEAN STREET ADDRESS 918 S. I ST., APT. #3 CITY-ST-ZIP PENSACOLA, FL 32501	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME STOOPS, KAREN STREET ADDRESS 10137 BITTERN DRIVE CITY-ST-ZIP PENSACOLA, FL 32507	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME LONG, PAMELA STREET ADDRESS 6936 KITTY HAWK DRIVE CITY-ST-ZIP PENSACOLA, FL 32506	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, Treasurer — 06/04/2004 — (850) 435-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #