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

06042004 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by September 5, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, KRISTY 505 RIOLA PLACE PENSACOLA, FL 32506	☑ Delete	P Dicken, Deborah 4410 Adams Road Pace, FL 32571	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ENSELL, BRYNN 11614 WAKEFIELD DRIVE PENSACOLA, FL 32514	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ALINA 115 GLEN EAGLES DR. NICEVILLE, FL 32578	☑ Delete	S Dillow, Lee 1700 East Lakeview Ave. Pensacola, FL 32503	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BETTY JEAN 918 S. I ST., APT. #3 PENSACOLA, FL 32501	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STOOPS, KAREN 10137 BITTERN DRIVE PENSACOLA, FL 32507	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LONG, PAMELA 6936 KITTY HAWK DRIVE PENSACOLA, FL 32506	☑ Delete		☐ 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 #