

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001047

FILED
Apr 12, 2010
Secretary of State

Entity Name: NORTHWEST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

4110 ADAMS ROAD
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4110 ADAMS ROAD
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-3568629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERLEY, JEFF
ONE DALE MABRY N
11TH FLR
TAMPA, FL 33609 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: PRES
Name: DICKEN, DEBORAH L
Address: 4110 ADAMS ROAD
City-St-Zip: PACE, FL 32571

Title: TRES
Name: JERNIGAN, LISA
Address: 825 FLEMING COURT
City-St-Zip: PENSACOLA, FL 32514

Title: VP
Name: SHURRUM, TAMMY
Address: ONE SOUTH EVERITT, OCCUPATIONAL HEALTH SER
City-St-Zip: PANAMA CITY, FL 32401

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: LISA JERNIGAN

TRES

04/12/2010

Electronic Signature of Signing Officer or Director

Date