

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91000 011 ****70.00

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1. Entity Name

NORTHWEST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.



Principal Place of Business

**180 GOVERNMENTAL CTR
PENSACOLA FL 32501
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

04/03/2003

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, KRISTY	
STREET ADDRESS	505 RIOLA PLACE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENSELL, BRYNN	
STREET ADDRESS	11814 WAKEFIELD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ALINA	
STREET ADDRESS	115 GLEN EAGLES DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BETTY JEAN	
STREET ADDRESS	916 S. I ST., APT. #3	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	V	<input type="checkbox"/> Delete
NAME	STOOPS, KAREN	
STREET ADDRESS	10137 BITTERN DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	LONG, PAMELA	
STREET ADDRESS	6936 KITTY HAWK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 04/03/2003 (850) 435-1664

CR2E037 (10/02)