2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007270

FILED Jul 19, 2006 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SCHOOL NURSES, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	YAN BLVD TON, FL 334316363	
Current M	lailing Address:	New Mailing Address:
	YAN BLVD TON, FL 334316363	
n accordan	:: 59-3614825 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did no	•
varne and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
515 E. LAS STE. 850	BARRY & BANTA, P.A. S OLAS BLVD. JDERDALE, FL 33301 US	GORDON, SHIRLEY A TREASUR 10 BAY HARBOR RD TEQUESTA, FL 33469 US
	e named entity submits this statement for the p e of Florida.	ourpose of changing its registered office or registered agent, or both
SIGNATUI	RE: SHIRLEY A. GORDON	07/19/2006
	Electronic Signature of Registered Age	ent Date
)FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
itle: lame: ddress: city-St-Zip:	D () Delete DEANER, FLORENCE E 1309 CAMBRIDGE SQUARE, S.E. WINTER HAVEN, FL 338804143	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame: .ddress: city-St-Zip:	P () Delete LESNIAR, RHONDA 2837 BANYAN BLVD BOCA RATON, FL 334316363	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame: .ddress: :ity-St-Zip:	D () Delete BARRY, CHARLOTTE 715 AURELIA STREET BOCA RATON, FL 33486	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame: ddress: ity-St-Zip:	DPP () Delete NELSON, CORINNE 1242 FORSYTH DRIVE FORT MYERS, FL 33903	Title: () Change () Addition Name: Address: City-St-Zip:
itle: lame:	PE () Delete ROSE, KATHLEEN 16711 JAMES WALTER LANE	Title: () Change () Addition Name: Address: City-St-Zip:
ddress: :ity-St-Zip:	CAPE CORAL, FL 339939005	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY A. GORDON TREA 07/19/2006