2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N99000007270

Entity Name: FLORIDA ASSOCIATION OF SCHOOL NURSES, INC.

Current Principal Place of Business:

16711 JAMES WALTER W
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

16711 JAMES WALTER W
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 59-3614825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KENT, LINDA
317 VALENCIA ST.
GULF BREEZE, FL 32561 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:	D	( ) Delete
Name:	CHARLOTTE, BARRY	
Address:	715 AURELIA ST.	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	PPD	( ) Delete
Name:	SAILORS, JANIE	
Address:	12606 CHELMSTORD CT.	
City-St-Zip:	ORLANDO, FL 32837	
Title:	TD	( ) Delete
Name:	KENT, LINDA	
Address:	317 VALENCIA ST	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	S	(X) Delete
Name:	POLIMENI, JEANNE	
Address:	4753 SW 14TH STREET	
City-St-Zip:	DEERFIELD BEACH, FL 334422	
Title:	PD	( ) Delete
Name:	ROSE, KATHLEEN C	
Address:	16711 JAMES WALTER W	
City-St-Zip:	CAPE CORAL, FL 33993	
Title:	PE	( ) Delete
Name:	THOENNES, KAREN	
Address:	3560 CHASTAIN WAY	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: LINDA KENT TD 04/23/2009
Electronic Signature of Signing Officer or Director — Date