2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007270

FILED Feb 02, 2010 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SCHOOL NURSES, INC.

Current Principal Place of Business: New Principal Place of Business:

16711 JAMES WALTER W 3560 CHASTAIN WAY

CAPE CORAL, FL 33993 PENSACOLA, FL 32504 US

Current Mailing Address: New Mailing Address:

16711 JAMES WALTER W 3560 CHASTAIN WAY

CAPE CORAL, FL 33993 PENSACOLA, FL 32504 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENT, LINDA 317 VALENCIA ST.

GULF BREEZE, FL 32561 US

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: PD

Name: THOENNES, KAREN
Address: 3560 CHASTAIN WAY
City-St-Zip: PENSACOLA, FL 32504

Title: PPD

 Name:
 ROSE, KATHLEEN

 Address:
 16711 JAMES WALTER W

 City-St-Zip:
 CAPE CORAL, FL 33993 US

Title: TD

 Name:
 KENT, LINDA

 Address:
 317 VALENCIA ST

 City-St-Zip:
 GULF BREEZE, FL 32561

Title: SD

Name: GALLOGLY, SANDRA Address: 6112 GALLEON WAY City-St-Zip: TAMPA, FL 33615

Title: TE

 Name:
 ROUFA, BARBARA

 Address:
 3206 CRANLEIGH DR

 City-St-Zip:
 TALLAHASSEE, FL 32309 US

Title: S

Name: MORRISON, ALICE
Address: 159 WESTMINSTER DR
City-St-Zip: TAVERNIER, FL 33070 US

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: LINDA KENT TD 02/02/2010