## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007270

FILED Jan 16, 2012 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SCHOOL NURSES, INC.

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

3560 CHASTAIN WAY 10 BAY HARBOR ROAD PENSACOLA, FL 32504 US TEQUESTA, FL 33469 US

**Current Mailing Address: New Mailing Address:** 

3560 CHASTAIN WAY 10 BAY HARBOR ROAD PENSACOLA, FL 32504 US TEQUESTA, FL 33469 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:

ROUFA, BARBARA 3206 CRANLEIGH

TALLAHASSEE, FL 32309 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:**

GORDON, SHIRLEY Name: Address: 10 BAY HARBOR ROAD City-St-Zip: TEQUESTA, FL 33469

Title:

Name: ROSE, KATHLEEN ROUFA Address: 16711 JAMES WALTER W City-St-Zip: CAPE CORAL, FL 33993 US

Title: TD

ROUFA, BARBARA Name: Address: 3206 CRANLEIGH

City-St-Zip: TALLAHASSEE, FL 32309 US

Title: SD

Name: BROWNING, KATHLEEN 15735 JESSAMINE ROAD Address: City-St-Zip: DADE CITY, FL 33523

Title:

BROWNING, KATHY Name: 15735 JESSAMINE ROAD Address: DADE CITY, FL 33523 US City-St-Zip:

Title:

BUMM. SHELLEY Name: Address: 2273 DOVER AVE

FORT MYERS, FL 33907 US City-St-Zip:

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: BARBARA ROUFA TD 01/16/2012