

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012679

**Entity Name:** THE ASSOCIATION OF OPERATING ROOM NURSES OF  
NORTHEAST FLORIDA, INC.

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**2719057910CC**

**Current Principal Place of Business:**

1148 EAGLE POINT DR  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

1148 EAGLE POINT DR  
ST AUGUSTINE, FL 32092 US

**FEI Number: 74-2653838**

**Certificate of Status Desired: No**

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

TYDE, VICTORIA A  
1148 EAGLE POINT DR  
ST AUGUSTINE, FL 32092 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: VICTORIA TYDE

01/17/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNELLY, LINDA K  
Address        65 TALLWOOD DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            DIRECTOR  
Name            TYDE, VICTORIA A  
Address        1148 EAGLE POINT DR,  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            TREASURER  
Name            BEDSOLE, CHARLOTTE O  
Address        3477 PINE TREE RD  
City-State-Zip: JACKSONVILLE BCH FL 32250

*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: VICTORIA TYDE

BOARD OF DIRECTOR

01/17/2019

Electronic Signature of Signing Officer/Director Detail

Date