

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012679

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

**Current Principal Place of Business:**

3477 PINETREE ROAD  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

3477 PINETREE ROAD  
JACKSONVILLE, FL 32250 US

**FEI Number: 74-2653838**

**Certificate of Status Desired: No**

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

BEDSOLE, CHARLOTTE O'NEIL DR.  
3477 PINETREE ROAD  
JACKSONVILLE, FL 32250 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: CHARLOTTE O. BEDSOLE

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT

Name LIM, EVA

Address 247 STONEWELL DRIVE

City-State-Zip: ST. JOHN'S FL 32259

Title DIRECTOR

Name CONNELLY, LINDA K

Address 65 TALLWOOD DRIVE

City-State-Zip: JACKSONVILLE BEACH FL 32250

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: CHARLOTTE BEDSOLE

TREASURER

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date