2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2016
Secretary of State
CC7324762238

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Entity Name: NORTHEAST FLORIDA ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.

Current Principal Place of Business:

110 ROSS RD
SATSUMA, FL 32189-0581

Current Mailing Address:

110 ROSS RD
SATSUMA, FL 32189-0581

FEI Number: 59-3605400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, SCOTT CESQ
37 N. ORANGE AVE
SUITE 200
ORLANDO, FL 32801 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

Officer/Director Detail :

Title	D
Name	SMITH, CLAIRE
Address	111 BUSCH DR.
City-State-Zip:	JACKSONVILLE FL 32218

Title	PD
Name	FARIS, CARSON
Address	2425 SW 3RD AVE, #149
City-State-Zip:	OCALA FL 34471

Title	DV
Name	KOHL, ELLEN
Address	8107 TESSA TERRACE E.
City-State-Zip:	JACKSONVILLE FL 32244

Title	SD
Name	ROBERTS, REBECCA
Address	11270 KINGSLEY MANOR WAY
City-State-Zip:	JACKSONVILLE FL 32225

Title	DT
Name	ROBERTS, LINDA
Address	110 ROSS RD
City-State-Zip:	SATSUMA FL 32189

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 D. ROBERTS TREASURER 02/17/2016

Electronic Signature of Signing Officer/Director Detail — Date