

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212536463

1.) CORPORATION NAME:

Virginia Organization of Nurse Executives and Leaders

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**URSULA N BUTTS
125 BUENA VISTA CIRCLE
SOUTH HILL, VA 23970**

SCC ID NO: **02481596**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 815 FOREST HILL DRIVE

CITY/ST/ZIP: SOUTH HILL, VA 23970

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	URSULA N BUTTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	815 FOREST HILL DRIVE		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		

NAME:	GRACE MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	SENTARA BAYSIDE HOSPITAL 800 INDEPENDENCE BLVD.		
CITY/ST/ZIP/CO:	VA BEACH, VA 23455		

NAME:	BEN WARNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	HCA HENRICO DOCTOR'S 1602 SKIPWITH RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23229		

NAME:	NANCY NEW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	President Elect		
ADDRESS:	VCU MEDICAL CENTER P.O. BOX 985801		
CITY/ST/ZIP/CO:	RICHMOND, VA 23298		

NAME:	LAUREN GOODLOE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VCU MEDICAL CENTER P.O. BOX 985801		
CITY/ST/ZIP/CO:	RICHMOND, VA 23298		

NAME:	PAM HARDESTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	LEWIS GALE MEDICAL CENTER 1900 ELECTRIC RD		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME: PATRICIA MOOK TITLE: DIRECTOR ADDRESS: 2501 PARKERS LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22306	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Mary Morin TITLE: TREASURER ADDRESS: Sentara Medical Group CITY/ST/ZIP/CO: 835 Glenrock Road Norfolk, VA 23502	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Deborah Zimmermann TITLE: DIRECTOR ADDRESS: VCU Health System CITY/ST/ZIP/CO: PO BOx 980510 Richmond, VA 23298	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ URSULA N BUTTS	URSULA N BUTTS, Past President	9/23/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		