

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90039 004 \*\*\*\*61.25

**DOCUMENT # N95000005555**

1. Entity Name

CENTRAL FLORIDA ADVANCED NURSING PRACTICE  
COUNCIL, INC.



Principal Place of Business

C/O LAURA E DYER  
169 HIDDEN POINTE LANE  
GROVELAND FL 34736

Mailing Address

C/O LAURA E DYER  
169 HIDDEN POINTE LANE  
GROVELAND FL 34736

2. Principal Place of Business

215 Valencia Shores Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Zip

34787

Country

USA

Zip

Country

MOORE

CR2E037 (11/03)



4. FEI Number

59-3280344

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DYER, LAURA  
169 HIDDEN POINTE LANE  
GROVELAND FL 34736

new address

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

215 Valencia Shores Dr

City

Winter Garden

FL

Zip Code

34787

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME BRIDGES, SHARON  
STREET ADDRESS 1111 ARBOR HILLS CIR  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE PD  
NAME ROBLIN, COLLEEN  
STREET ADDRESS 9115 LAKE MABEL DR  
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE VPD  
NAME MILLER, SALLY  
STREET ADDRESS 207 4TH STREET  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE TD  
NAME DYER, LAURA  
STREET ADDRESS 169 HIDDEN POINTE LANE  
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ☒ Change ☐ Addition  
NAME Bruce Douglas  
STREET ADDRESS PO BOX 2063  
CITY-ST-ZIP Davenport FL 33836-2063

TITLE President ☒ Change ☐ Addition  
NAME Sally Miller  
STREET ADDRESS 709 East Lakeshore Dr  
CITY-ST-ZIP Winter Garden FL 34761

TITLE ☒ Change ☐ Addition  
NAME Mike Jolly  
STREET ADDRESS 1510 E. Livingston St  
CITY-ST-ZIP Orlando FL 32803

TITLE ☒ Change ☐ Addition  
NAME Laura Dyer  
STREET ADDRESS 215 Valencia Shores Dr  
CITY-ST-ZIP Winter Garden, FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laura Dyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

Daytime Phone

407-492-2334