

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

DOCUMENT# N95000005555

**Entity Name:** CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**7131249349CC****Current Principal Place of Business:**1700 LAKE SHORE DR  
ORLANDO, FL 32803**Current Mailing Address:**1700 LAKE SHORE DRIVE  
ORLANDO, FL 32803 US**FEI Number: 59-3280344****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUTCHISON, JANET  
1700 LAKE SHORE DR  
ORLANDO, FL 32803 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: JANET HUTCHISON****02/09/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PREVIOUS TREASURER

Name HUTCHISON, JANET

Address 1700 LAKE SHORE DR

City-State-Zip: ORLANDO FL 32812

Title TREASURER 2017

Name HUTCHISON, JANET MARY

Address 1700 LAKE SHORE DR  
APT # 54

City-State-Zip: ORLANDO FL 32803

Title TREASURER ELECT

Name MUSE, PATRICE

Address 2125 FALMOUTH ROAD

City-State-Zip: MAITLAND FL 32751

Title PRESIDENT

Name TEDESCO, DEBORAH

Address 1593 ARROWROOT PL,

City-State-Zip: OVIEDO FL 32765

Title VICE PRESIDENT

Name WARRINGTON, WILLIAM

Address 4356 NORTHER DANCER WAY

City-State-Zip: ORLANDO FL 32826

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: JANET MARY HUTCHISON****DR****02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date