

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005555

Entity Name: CENTRAL FLORIDA ADVANCED NURSING PRACTICE
COUNCIL, INC.**FILED**
Jan 22, 2017
Secretary of State
CC9082290062**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: Yes****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****01/22/2017**

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 ALPHONSE, GLADYS
Address 2001 GLENRIDGE WAY
APT # 54
City-State-Zip: WINTER PARK FL 32872**Title** TREASURER ELECT
Name HUTCHISON, JANET
Address 1700 LAKESHORE DR
City-State-Zip: ORLANDO FL 32803**Title** PRESIDENT
Name SMITH, SUSAN
Address 3234 WALD ROAD
City-State-Zip: ORLANDO FL 32806**Title** VICE PRESIDENT
Name LANGFORD, VERNON
Address 253 RIVER CHASE DRIVE
City-State-Zip: ORLANDO FL 32807

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 HUTCHISON**OUTGOING TREASURER 01/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date