2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008250

FILED Jul 13, 2007 Secretary of State

Entity Name: MANATEE AREA COUNCIL FOR ADVANCED NURSING PRACTICE INC

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	AVE BLVD NW FON, FL 34209			
Current M	lailing Address:	New Mailir	ng Address:	
	AVE BLVD NW ON, FL 34209			
n accordan	: 41-2182525 FEI Number Applied For() I ce with s. 607.193(2)(b), F.S., the corporation did not re I Address of Current Registered Agent:			
ELSWICK 1904 7TH 18RADENT	AVE BLVD NW			
	ON, FL 34209 OS			
The above	e named entity submits this statement for the purple of Florida.	oose of changing it	s registered office or registered agent, or both,	
The above n the State	named entity submits this statement for the purple of Florida.	oose of changing it	s registered office or registered agent, or both,	
The above n the State	named entity submits this statement for the purple of Florida.	oose of changing it	s registered office or registered agent, or both, Date	
The above n the State SIGNATUI	e named entity submits this statement for the purpe e of Florida. RE:			
The above n the State SIGNATUI DFFICER: Vitte: Vame: Address:	e named entity submits this statement for the purple of Florida. RE: Electronic Signature of Registered Agent		Date	
The above n the State SIGNATUI	e named entity submits this statement for the purple of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PRES () Delete ELSWICK, DENISE 6904 7TH AVE BLVD NW	ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENISE ELSWICK PRES 07/13/2007