

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010689

FILED
Aug 07, 2006
Secretary of State

Entity Name: NATIONAL CONFERENCE OF GERONTOLOGICAL NURSE PRACTITIONERS FOUNDATION, INC.

Current Principal Place of Business:

4600 N OCEAN BLVD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

4600 N OCEAN BLVD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 20-4143087 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOH, ERIK EDWARD ESQ
4600 N OCEAN BLVD
SUITE 206
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, BARBARA B
Address: 719 PARK PLACE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: RESNICK, BARBARA
Address: 5443 WATERCRESS PLACE
City-St-Zip: COLUMBIA, MD 21045

Title: D () Delete
Name: RAPP, MARY PAT
Address: 909 TEXAS AVENUE, #1112
City-St-Zip: HOUSTON, TX 77002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA PHILLIPS

D

08/07/2006

Electronic Signature of Signing Officer or Director

Date