

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010689

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** GERONTOLOGICAL ADVANCED PRACTICE NURSES ASSOCIATION 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 ( )**

**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: C  
Name: RAPP, MARY PAT  
Address: 909 TEXAS AVENUE, #1112  
City-St-Zip: HOUSTON, TX 77002

Title: VC  
Name: RESNICK, BARBARA  
Address: 655 W. LOMBARD STREET  
City-St-Zip: BALTIMORE, MD 21201

Title: T  
Name: HENDERSON, M J  
Address: 33 HILLCREST ROAD  
City-St-Zip: WAKEFIELD, RI 02879

Title: S  
Name: WILENS, NANCY  
Address: 1347 COVENTRY LANE  
City-St-Zip: NORTHBROOK, IL 60062

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: ERIK EDWARD JOH

ATTY

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date