2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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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: MARY PAT RAPP C 04/27/2011

Electronic Signature of Signing Officer or Director — Date