

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007110

FILED
Apr 24, 2007
Secretary of State

Entity Name: POLK COUNTY ADVANCED PRACTICE NURSES ASSOCIATION, INC.

Current Principal Place of Business:

225 EAST LEMON ST
SUITE 351
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2808
LAKELAND, FL 338062808

New Mailing Address:

FEI Number: 20-8021590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
% WENDEL & CHRITTON, CHARTERED
225 EAST LEMON ST., SUITE 351
LAKELAND, FL 33801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: ADKINS, ANDREA D ARNP
Address: 6371 SUNNY WAY
City-St-Zip: LAKELAND, FL 33813

Title: VP () Change (X) Addition
Name: FERGUSON, DAVID CRNA
Address: 1726 CLARENDON AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: SECR () Change (X) Addition
Name: LESTER, DONNA ARNP
Address: 8231 SHORT WAY
City-St-Zip: LAKELAND, FL 3380

Title: TREA () Change (X) Addition
Name: GRANT, YVONNE ARNP
Address: 8065 RIDGEGLEN CIRCLE WEST
City-St-Zip: LAKELAND, FL 33809

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: ANDREA D. ADKINS

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date