

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007110

FILED
Feb 25, 2009
Secretary of State

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

Current Principal Place of Business:

336 WEST HIGHLAND
DRIVE #4
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 93055
LAKELAND, FL 338043055

New Mailing Address:

FEI Number: 20-8021590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LESTER, DONNA ARNP
Address: 8231 SHORT WAY
City-St-Zip: LAKELAND, FL 33809

Title: VP (X) Change () Addition
Name: BRYANT, MELISSA ARNP
Address: 3370 KILMER DR
City-St-Zip: LAKELAND, FL 33803

Title: SECR (X) Change () Addition
Name: RAMPERSAD, MICHELLE ARNP
Address: 6023 COUNTRY WALK LANE
City-St-Zip: LAKELAND, FL 33880

Title: TREA (X) Change () Addition
Name: LYON, RAMONA RN
Address: 3942 STRICKLAND MANOR
City-St-Zip: LAKELAND, FL 33812

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: RAMONA LYON

TREA

02/25/2009

Electronic Signature of Signing Officer or Director

Date