

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007110

FILED  
Mar 15, 2012  
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 ( )**

**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  
Name: LESTER, DONNA ARNP  
Address: 8231 SHORT WAY  
City-St-Zip: LAKELAND, FL 33809

Title: VP  
Name: BROWN, CYNTHIA ARNP  
Address: 215 COLLEGE GROVE CIRCLE, NE  
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: TREA  
Name: BOOTH, DIANE ARNP  
Address: 4324 CLEVELAND HEIGHTS BLVD  
City-St-Zip: LAKELAND, FL 33813

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: DIANE BOOTH ARNP

TREA

03/15/2012

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

\_\_\_\_\_  
Date