

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011831

FILED
Apr 23, 2009
Secretary of State

Entity Name: ADVANCED NURSE PRACTICE COUNCIL OF COLLIER COUNTY, INC.

Current Principal Place of Business:

PO BOX 8034
NAPLES, FL 34101 US

New Principal Place of Business:

720 FIFTH AVENUE SOUTH, STE. 201
NAPLES, FL 34102 US

Current Mailing Address:

PO BOX 8034
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 61-1542823 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICHAEL L. KRAUS, P.A.
375 FIFTH AVENUE SOUTH
100
NAPLES, FL 34102 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: P () Delete
Name: OSSORIO, BARB
Address: PO BOX 8034
City-St-Zip: NAPLES, FL 34101 US

Title: VP () Delete
Name: CASSARINO, DOREEN
Address: PO BOX 8034
City-St-Zip: NAPLES, FL 34101 US

Title: S () Delete
Name: GIRLANDO, RUTH
Address: PO BOX 8034
City-St-Zip: NAPLES, FL 34101 US

Title: T () Delete
Name: COX, JANE
Address: PO BOX 8034
City-St-Zip: NAPLES, FL 34101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANE COX

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date