

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 05, 2012
Secretary of State

Entity Name: FLORIDA COUNCIL OF NURSE-MIDWIVES, INC.

Current Principal Place of Business:

8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442000

New Principal Place of Business:

Current Mailing Address:

8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442000

New Mailing Address:

FEI Number: 26-3185213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEVITT, CECILIA M
8142 QUAIL HOLLOW BLVD.
WESLEY CHAPEL, FL 335442021 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: D
Name: CARLISLE, ALICE
Address: 2850 SE 35TH ST.
City-St-Zip: OCALA, FL 34471

Title: D
Name: COLLINS, MARY KAYE
Address: 2089 NW PINE TREE WAY
City-St-Zip: STUART, FL 34994

Title: D
Name: FAIR, KATHY
Address: 5955 NW 72 CT.
City-St-Zip: PARKLAND, FL 33067

Title: D
Name: MILLER, MARY KAY
Address: 1956 KING ARTHURS COURT
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: WILLIAMS DEPART, RACHEL
Address: 1148 CIRCLE DR.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: WHITTINGHAM, ZERICA
Address: 401 CORBETT ST.
City-St-Zip: CLEARWATER, FL 33756

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: CECILIA M. JEVITT

DR.

02/05/2012

Electronic Signature of Signing Officer or Director

Date