

2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007947

FILED
Nov 13, 2013
Secretary of State

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

Current Principal Place of Business:

2089 NW PINE TREE WAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2089 NW PINE TREE WAY
STUART, FL 34994

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:

COLLINS, MARY K
2089 NW PINE TREE WAY
STUART, FL 34994 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: MARY K. COLLINS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HOUSTON, JANE
Address: 6905 53RD DR
City-St-Zip: GAINESVILLE, FL 32653

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: MCKEON, KATHLEEN
Address: 8085 PRESERVATION RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: BRUMLEY, JESSICA
Address: 8838 OAK CIRCLE
City-St-Zip: TAMPA, FL 33615

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: MARY K. COLLINS

Electronic Signature of Signing Officer or Director

OFF

11/13/2013

Date