

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009146

FILED
Jun 28, 2009
Secretary of State

Entity Name: SOUTHERN GULF COAST NURSE PRACTITIONER COUNCIL, INC.

Current Principal Place of Business:

3617 SE 2ND PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3617 SE 2ND PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 45-0547282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABDOU, JEANNE
3617 SE 2ND PLACE
CAPE CORAL, FL 33904 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: ABDOU, JEANNE
Address: 3617 SE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: WRIGHT, ARLENE
Address: 4934 SW 10TH AVE.
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: BISHOP, JOANN
Address: 5219 TIFFANY COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: DONDERO, EILEEN
Address: 580 WOODLAND BEND CIR.
City-St-Zip: FORT MYERS, FL 33912

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: JEANNE ABDOU

P

06/28/2009

Electronic Signature of Signing Officer or Director

Date