2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

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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 ( )**

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

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

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

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

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: JEANNE ABDOU PRES 03/22/2010

Electronic Signature of Signing Officer or Director Date