

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009146

FILED  
Aug 03, 2014  
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 ( )**

**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: JEANNE ABDOU

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: 11824 NEWCOMBE TRACE  
City-St-Zip: FORT MYERS, FL 33913

Title: T  
Name: MILLER, TANYA  
Address: 16091 TIERRA PLAZA  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: SANDER, SUSAN  
Address: 13210 SEASIDE HARBOUR DRIVE  
City-St-Zip: FORT MYERS, FL 33903

Title: VPE  
Name: CITTADINO, JENNIFER  
Address: 3504 SW 17TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: M  
Name: LEWIS, MARY  
Address: 5603 AMOROSO DRIVE  
City-St-Zip: FORT MYERS, FL 33919

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

P

08/03/2014

Electronic Signature of Signing Officer or Director

Date