

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000751

FILED  
May 07, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL NURSING EDUCATION CONSORTIUM, INC.

**Current Principal Place of Business:**

5501 HAMPTON WOODS WAY  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

5501 HAMPTON WOODS WAY  
TALLAHASSEE, FL 32311

**New Mailing Address:**

**FEI Number:** 80-0261543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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: FENNAL, MILDRED D  
Address: 5501 HAMPTON WOODS WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S  
Name: BRADLEY, BRANDOLYN R  
Address: 5501 HAMPTON WOODS WAY  
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD  
Name: BRADLEY, CONTESSA R  
Address: 5501 HAMPTON WOODS WAY  
City-St-Zip: TALLAHASSEE, FL 32311

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: <SIGNED>

DIR

05/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date