2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004146

Apr 29, 2012 Secretary of State

Entity Name: FLORIDA COUNCIL OF ADVANCED PRACTICE NURSES POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business: New Principal Place of Business:

6294 NW TORREYA PARK ROAD BRISTOL, FL 32321

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 602 LAKE HELEN, FL 32744

FEI Number: 27-2570136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

WHITTAKER, STAN 6294 NW TORREYA PARK ROAD BRISTOL, FL 32321 US

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: MR.

Name: WHITTAKER, STAN

Address: 6294 NW TORREYA PARK ROAD

City-St-Zip: BRISTOL, FL 32321

Title: MRS.

Name: LYNCH, SUSAN Address: 1385 VOLTAIRE STREET City-St-Zip: DELTONA, FL 32725

Title: MRS.

Name: HOFF, JANICE

Address: 10027 HOLLOWBROOK DR. City-St-Zip: PENSACOLA, FL 32514

Title: MRS

Name: DREW, CYNTHIA J Address: 811 FRANKLIN AVENUE City-St-Zip: ELLENTON, FL 34222

Title: MRS.

 Name:
 LIGUORI, ROSEMARY

 Address:
 382 GLENEAGLES DRIVE

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32168

Title: MRS

Name: WAHRENBERGER, PATRICIA Address: 605 PARK VALLEY CIRCLE City-St-Zip: MINNEOLA, FL 34715

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: CYNTHIA DREW MRS. 04/29/2012