

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000004146

FILED
Nov 24, 2014
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF NURSE PRACTITIONERS INC

Current Principal Place of Business:

6294 NW TORREYA PARK ROAD
BRISTOL, FL 32321

New Principal Place of Business:

6294 NW TORREYA PARK ROAD
BRISTOL, FL 32321 UN

Current Mailing Address:

POST OFFICE BOX 602
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 27-2570136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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: D
Name: DREW, CINDY
Address: 811 FRANKLIN AVENUE
City-St-Zip: ELLENTON, FL 34222

Title: S
Name: LIGUORI, ROSEMARY
Address: 32 GLEN EAGLES DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T
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: PATRICIA I. WAHRENBERGER

T

11/24/2014

Electronic Signature of Signing Officer or Director

Date