

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36560

FILED
May 08, 2014
Secretary of State

Entity Name: ASSOCIATION OF NURSING PROFESSIONAL DEVELOPMENT, INC.

Current Principal Place of Business:

7794 GROW DR
PENSACOLA, FL 32514 US

New Principal Place of Business:

330 NORTH WABASH AVENUE
SUITE 2000
CHICAGO, IL 60611 US

Current Mailing Address:

7794 GROW DR
PENSACOLA, FL 32514 US

New Mailing Address:

330 NORTH WABASH AVENUE
SUITE 2000
CHICAGO, IL 60611 US

FEI Number: 59-3018398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANCY, JON A
7794 GROW DR
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALAHASSEE, FL 32301 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: STEPHANIE MILNES

05/08/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DUNN-CANE, KATHLEEN M
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

Title: T
Name: COLVIN, ANN
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: WILSON, CHRISTINE
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: GOODING, NICOLE
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: LEVIN, SARA
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

Title: D
Name: ENGLEBRECHT, KAYE
Address: 330 NORTH WABASH AVENUE, SUITE 2000
City-St-Zip: CHICAGO, IL 60611 US

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: KAYE ENGLEBRECHT

D

05/08/2014

Electronic Signature of Signing Officer or Director

Date