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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005555

1. *Corporation Name*
CENTRAL FLORIDA ADVANCED PRACTICE NURSING COUNCIL, INC.

Principal Place of Business	Mailing Address
C/O CAROL PUBLICOVER 849 POST LANE ORLANDO FL 32804	C/O CAROL PUBLICOVER 849 POST LANE ORLANDO FL 32804

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/27/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3280344	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PUBLICOVER, CAROL 849 POST LANE ORLANDO FL 32804	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sharon Koch-Parrish 1/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PUBLICOVER, CAROL 849 POST LANE ORLANDO FL 32804	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT D BUECKER, CONNIE 3535 MACARTHUR DRIVE ORLANDO, FL 32806	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BUECKER, CONNIE 3535 MACARTHUR DRIVE ORLANDO FL 32806	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT D KOCH-PARRISH, SHARON 1315 BRIDGEPORT DRIVE WINTER PARK, FL 32789	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPERANZA, LINDA 326 SHADOW BLVD NORTH LONWGWOOD FL 32779	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER D SPERANZA, LINDA 326 SHADOW BAY BLVD N. LONGWOOD, FL 32779	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOCH-PARRISH, SHARON 1315 BRIDGEPORT DRIVE WINTER PARK FL 32789	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY D FRITSMA, DARLENE 1405 HYDE PARK DR. WINTER PARK, FL 32792	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Buecker REQUIRED 1/6/99 407 841-5111 x31118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #