

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005555

FILED
Jan 15, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.

Current Principal Place of Business:

215 VALENCIA SHORES
WINTER GARDEN, FL 34787

New Principal Place of Business:

4112 LILLIAN HALL LN
ORLANDO, FL 32812

Current Mailing Address:

215 VALENCIA SHORES
WINTER GARDEN, FL 34787

New Mailing Address:

4112 LILLIAN HALL LN
ORLANDO, FL 32812

FEI Number: 59-3280344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYER, LAURA
215 VALENCIA SHORES LN.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

WADDELL, CYNTHIA
4112 LILLIAN HALL LN
ORLANDO, FL 32812 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: CYNTHIA R WADDELL

01/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BRIDGES, SHARON
Address: P.O. BOX 206
City-St-Zip: DAVENPORT, FL 33836

Title: P () Delete
Name: MILLER, SALLY
Address: 709 EAST LAKES SHORES
City-St-Zip: OCOEE, FL 34761

Title: VPD () Delete
Name: JOLLY, MIKE
Address: 1510 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

Title: TD () Delete
Name: DYER, LAURA
Address: 215 VALENCIA SHORES LN.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GADWAW, SHANI
Address: 5440 CONWAY OAKS CT
City-St-Zip: ORLANDO, FL 32812

Title: P (X) Change () Addition
Name: HUNKAR-HUIE, ANN
Address: 1927 MAGICS CT
City-St-Zip: OVIEDO, FL 32766

Title: VPD (X) Change () Addition
Name: ALPHONSE, GLADYS
Address: 2201 HIBISCUS DR
City-St-Zip: LONGWOOD, FL 32779

Title: T (X) Change () Addition
Name: WADDELL, CYNTHIA
Address: 4112 LILLIAN HALL LN
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA R WADDELL

T

01/15/2006

Electronic Signature of Signing Officer or Director

Date