


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90096 004 ****61.25

DOCUMENT # N95000005555 1. Entity Name CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.					
Principal Place of Business 4112 LILLIAN HALL LN ORLANDO, FL 32812			Mailing Address 4112 LILLIAN HALL LN ORLANDO, FL 32812		
2. Principal Place of Business - No P.O. Box # 2762 University Acres Dr Suite, Apt. #, etc.		3. Mailing Address 2762 University Acres Dr Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3280344	
Zip 32817		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WADDELL, CYNTHIA 4112 LILLIAN HALL LN ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name Ric Cherry Street Address (P.O. Box Number is Not Acceptable) 2762 University Acres Dr City Orlando FL Zip Code 32817		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Cynthia Waddell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/15/07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S GADWAW, SHANI 5440 CONWAY OAKS CT ORLANDO, FL 32812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P HUNKAR-HUIE, ANN 1927 MAGICS CT OVIEDO, FL 32766	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPO ALPHONSE, GLADYS 2201 HIBISCUS DR LONGWOOD, FL 32779	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T WADDELL, CYNTHIA 4112 LILLIAN HALL LN ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Treasurer Ric Cherry 2762 University Acres Dr Orlando, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Secretary Diane Trux Ives 2332 Smiley Ave Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Richard Cherry</i></u> - <u><i>Richard Cherry</i></u> <u>1/11/2007</u> <u>407-282-5535</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					