

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005555

FILED  
May 25, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2762 UNIVERSITY ACRES DR  
ORLANDO, FL 32817

**New Principal Place of Business:**

14443 STAMFORD CIRCLE  
ORLANDO, FL 32826

**Current Mailing Address:**

2762 UNIVERSITY ACRES DR  
ORLANDO, FL 32817

**New Mailing Address:**

14443 STAMFORD CIRCLE  
ORLANDO, FL 32826

**FEI Number:** 59-3280344      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHERRY, RIC  
2762 UNIVERSITY ACRES DR  
ORLANDO, FL 32817      US

**Name and Address of New Registered Agent:**

KYEI-DONKOR, TINA  
14443 STAMFORD CIRCLE  
ORLANDO, FL 32826      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: TINA KYEI-DONKOR

05/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: GADWAW, SHANI  
Address: 5440 CONWAY OAKS CT  
City-St-Zip: ORLANDO, FL 32812

Title: P      ( ) Delete  
Name: ALPHONSE, GLADYS  
Address: 2201 HIBISCUS DR  
City-St-Zip: LONGWOOD, FL 32779

Title: T      ( ) Delete  
Name: CHERRY, RIC  
Address: 2762 UNIVERSITY ACRES DR  
City-St-Zip: ORLANDO, FL 32817

Title: S      ( ) Delete  
Name: IVES, DIANE T  
Address: 2332 SMILEY AVE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CATALD-BEAUCHAMP, AIXA  
Address: 615 E. PRINCETON STREET SUITE 400  
City-St-Zip: ORLANDO, FL 32803

Title: VP      (X) Change ( ) Addition  
Name: GADWAW, SHANI  
Address: 5440 CONWAY OAKS CT  
City-St-Zip: ORLANDO, FL 328

Title: T      (X) Change ( ) Addition  
Name: KYEI-DONKOR, TINA  
Address: 14443 STAMFORD CIRCLE  
City-St-Zip: ORLANDO, FL 32826

Title: S      (X) Change ( ) Addition  
Name: MILLER, SALLY  
Address: 709 E. LAKESHORE DR.  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify 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: TINA KYEI-DONKOR

T

05/25/2009

Electronic Signature of Signing Officer or Director

Date