

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005555

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

14443 STAMFORD CIRCLE
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

14443 STAMFORD CIRCLE
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 59-3280344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PR
Name: CUTLER, CATHY
Address: 1616 WHITE DOVE DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T
Name: KYEI-DONKOR, TINA
Address: 14443 STAMFORD CIRCLE
City-St-Zip: ORLANDO, FL 32826

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

Title: M
Name: PARSONS, LORRAINE
Address: 8435 CEDAR COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: H
Name: ALPHONSE, GLADYS
Address: 2201 HIBISCUS DR
City-St-Zip: LONGWOOD, FL 32779

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: TINA KYEI-DONKOR

T

02/23/2010

Electronic Signature of Signing Officer or Director

Date