

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005555

FILED  
Feb 05, 2012  
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:**

2747 GRANTHAM CT  
ORLANDO, FL 32835

**Current Mailing Address:**

14443 STAMFORD CIRCLE  
ORLANDO, FL 32826

**New Mailing Address:**

2747 GRANTHAM CT  
ORLANDO, FL 32835

**FEI Number:** 59-3280344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BADRI, DEBITA  
2747 GRANTHAM CT  
ORLANDO, FL 32835 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: DEBITA BADRI

02/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RASH, ELIZABETH  
Address: 1861 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL 32789

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

Title: T  
Name: BADRI, DEBITA  
Address: 2747 GRANTHAM CT  
City-St-Zip: ORLANDO, FL 32835

Title: S  
Name: LANTERNIER, BONNIE  
Address: 4807 WANSLEY DRIVE  
City-St-Zip: ORLANDO, FL 332812

Title: M  
Name: COLEMAN, ASHLEY  
Address: 6617 CORAL COVE DR  
City-St-Zip: ORLANDO, FL 32818

Title: H  
Name: HELSETH, EVELYN  
Address: 817 HORIZON DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: DEBITA BADRI

T

02/05/2012

Electronic Signature of Signing Officer or Director

Date