


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90219 025 ****61.25

DOCUMENT # N97000005649		
1. Entity Name TAMPA BAY ADVANCED PRACTICE NURSES COUNCIL, INC.		
Principal Place of Business 8065 RIDGEGLEN CIRCLE WEST LAKELAND FL 33809		Mailing Address 8065 RIDGEGLEN CIRCLE WEST LAKELAND FL 33809
2. Principal Place of Business 18643 San Rio Circle		3. Mailing Address 18643 San Rio Circle
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Lutz Fla		City & State Lutz, Fla
Zip 33549	Country USA	Zip 33549 Country USA



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3400329		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COM. 1201 HAYS STREET TALLAHASSEE FL 32301		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OHLES-MONOGHAN, DEBORAH 4225 MAST CT. LAND O LAKES FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAETER, SHARON 2212 WOODBERRY RD. BRANDON FL 33510-2729 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD. LANDSBORZE, MARY E 2518 B FUECKEN RD BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANT, YVONNE 8065 RIDGEGLEN CIRCLE WEST LAKELAND FL 33809 <input checked="" type="checkbox"/> Delete	T MASSARO, Teresa 18643 San Rio Circle Lutz Fla 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, KIM UNIVERSITY TAMPA KENNEDY AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Teresa L Massaro* **Teresa L MASSARO** 4/24/06 813-363-9913 813-949-2686