

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005649

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** TAMPA BAY ADVANCED PRACTICE NURSES COUNCIL, INC.

**Current Principal Place of Business:**

18643 SAN RIO CIRCLE  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

18643 SAN RIO CIRCLE  
LUTZ, FL 33549

**New Mailing Address:**

**FEI Number:** 59-3400329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COM.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: OHLES-MONOGHAN, DEBORAH  
Address: 4225 MAST CT.  
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete  
Name: SCHAEETER, SHARON  
Address: 2212 WOODBERRY RD.  
City-St-Zip: BRANDON, FL 335102729

Title: MD (X) Delete  
Name: LANDSBORZE, MARY E  
Address: 2518 B FUECKEN RD  
City-St-Zip: BRANDON, FL 33511

Title: T ( ) Delete  
Name: MASSARO, TERESA  
Address: 18643 SAN RIO CIRCLE  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: CURRY, KIM  
Address: UNIVERSITY TAMPA KENNEDY AVE  
City-St-Zip: TAMPA, FL

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

Title: PD (X) Change ( ) Addition  
Name: LANDSBERGER, MARY  
Address: 2518 BRUCKEN RD  
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change ( ) Addition  
Name: SADLER, GAIL  
Address: 9756 62 AVE N  
City-St-Zip: ST PETERSBURG, FL 33708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MERRIAM, LYNNE  
Address: CRWF 2147 NE COACHMAN RD  
City-St-Zip: CLEARWATER, FL 33765

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: TERESA MASSARO

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04/26/2007

Electronic Signature of Signing Officer or Director

Date