

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005649

FILED
Apr 14, 2008
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:

2820 W. FOUNTAIN BLVD
TAMPA, FL 33609

Current Mailing Address:

18643 SAN RIO CIRCLE
LUTZ, FL 33549

New Mailing Address:

2820 W. FOUNTAIN BLVD.
TAMPA, FL 33609

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: LANDSBERGER, MARY
Address: 2518 BRUCKEN RD
City-St-Zip: BRANDON, FL 33511

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

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

Title: SD () Delete
Name: MERRIAM, LYNN
Address: CRWF 2147 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MATULIS, ASTA
Address: 1011 W. HORATIO STREET, B
City-St-Zip: TAMPA, FL 33609

Title: T (X) Change () Addition
Name: CROWDER, KAREN
Address: 2820 W. FOUNTAIN BLVD
City-St-Zip: TAMPA, FL 33609

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

Title: D () Change (X) Addition
Name: OAKES, DEBORAH
Address: 4225 MAST CT
City-St-Zip: LAND O'LAKES, FL 34639

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: KAREN M. CROWDER, ARNP-BC

T

04/14/2008

Electronic Signature of Signing Officer or Director

Date