

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005649

FILED  
Apr 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2820 W. FOUNTAIN BLVD  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2820 W. FOUNTAIN BLVD.  
TAMPA, FL 33609

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

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

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

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

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

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

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

Title: VP (X) Change ( ) Addition  
Name: JUSTICE, MARY  
Address: 7068 MITCHELL ROAD  
City-St-Zip: BROOKSVILLE, FL

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

Title: SD (X) Change ( ) Addition  
Name: RICE, BONNIE  
Address: 3304 W PAUL AVE  
City-St-Zip: TAMPA, FL 33611

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

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

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date