

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005649

FILED  
Apr 27, 2011  
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:**

4401 N. HIMES AVENUE  
SOUTH UNIVERSITY  
TAMPA, FL 33614

**Current Mailing Address:**

2820 W. FOUNTAIN BLVD.  
TAMPA, FL 33609

**New Mailing Address:**

4401 N HIMES AVENUE  
SOUTH UNIVERSITY  
TAMPA, FL 33614

**FEI Number:** 59-3400329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: SMITH, GEORGE B  
Address: 4401 N. HIMES AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: AERTKER, JEAN  
Address: 646 RIVEIRA DRIVE  
City-St-Zip: TAMPA, FL 33609

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

Title: SD  
Name: BOUCHARD, CHRISTINE  
Address: 4401 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: KESSENICH, CATHY  
Address: 401 KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33606

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: KAREN M. CROWDER

T

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date