

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005649

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4401 N. HIMES AVENUE  
SOUTH UNIVERSITY  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4401 N HIMES AVENUE  
SOUTH UNIVERSITY  
TAMPA, FL 33614

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

Title: VP  
Name: WILLIAMS, LAURA  
Address: 2912 VILLA ROSA PARK  
City-St-Zip: TAMPA, FL 33611

Title: T  
Name: RICHARDSON, TONIA  
Address: 4909 EAST LIBERTY AVE  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: PARSONS, CYNTHIA  
Address: 1725 WESTERLY DRIVE  
City-St-Zip: BRANDON, FL 33511

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: T.D. RICHARDSON

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02/16/2012

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

\_\_\_\_\_  
Date