2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2018
Secretary of State
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Entity Name: FLORIDA GULF COAST CHAPTER: INFUSION NURSING SOCIETY INC.

Current Principal Place of Business:

32989 WINDELSTRAW DRIVE
WESLEY CHAPEL, FL 33545

Current Mailing Address:

P.O. BOX 17323
CLEARWATER, FL 33762 US

FEI Number: 59-2881649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTANG, CONCHITA RN
32989 WINDELSTRAW DRIVE
WESLEY CHAPEL, FL 33545 US

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: CONCHITA CHESTANG 04/24/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	OTHER
Name	LALANI, FARIDAH
Address	255 MOBBLY BAY DRIVE
City-State-Zip:	OLDSMAR FL 34677

Title	PRESIDENT
Name	CHESTANG, CONCHITA
Address	32989 WINDELSTRAW DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	VP
Name	BRIGGS, ANN
Address	3324 SAN DOMINGO STREET
City-State-Zip:	CLEARWATER FL 33759

Title	T
Name	ENGLEHART, VALERIE
Address	1813 FLUORSHIRE DRIVE
City-State-Zip:	BRANDON FL 33511

Title	VP
Name	FRANCIS, KENYA
Address	11055 SPRING POINT CIRCLE
City-State-Zip:	RIVERVIEW FL 33579

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: CONCHITA CHESTANG PRESIDENT 04/24/2018

Electronic Signature of Signing Officer/Director Detail — Date