

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Feb 14, 2019
Secretary of State
3741846172CC

Entity Name: ASSOCIATION FOR NURSING PROFESSIONAL DEVELOPMENT, INC.

Current Principal Place of Business:

330 NORTH WABASH AVENUE
SUITE 2000
CHICAGO, IL 60611

Current Mailing Address:

330 NORTH WABASH AVENUE
SUITE 2000
CHICAGO, IL 60611 US

FEI Number: 59-3018398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GOLWAY, MARY
Address 330 NORTH WABASH AVENUE, SUITE
 2000
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name NOBLE, MICHELE
Address 330 NORTH WABASH AVENUE, SUITE
 2000
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name BUCHWACH, DEBBIE
Address 330 NORTH WABASH AVENUE, SUITE
 2000
City-State-Zip: CHICAGO IL 60611

Title EXECUTIVE DIRECTOR
Name ENGLBRECHT, KAYE
Address 330 NORTH WABASH AVENUE, SUITE
 2000
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name WOOLDFORDE, LAUNETTE
Address 330 NORTH WABASH AVENUE
 SUITE 2000
City-State-Zip: CHICAGO IL 60611

Title OPERATIONS MANAGER
Name ROBINSON, HOLLAND
Address 330 NORTH WABASH AVENUE
 SUITE 2000
City-State-Zip: CHICAGO IL 60611

Title PRESIDENT
Name MALONEY, PATSY
Address 330 NORTH WABASH AVENUE
 SUITE 2000
City-State-Zip: CHICAGO IL 60611

Title DIRECTOR
Name GAGE, CATHY
Address 330 NORTH WABASH AVENUE
 SUITE 2000
City-State-Zip: CHICAGO IL 60611

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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: HOLLAND ROBINSON

OPERATIONS MANAGER 02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRICE, WEATHERLY
Address 330 NORTH WABASH AVENUE
 2000
City-State-Zip: CHICAGO IL 60611