

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Mar 09, 2024
Secretary of State
9328213384CC

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: NICHOLAS J. HOUSE

03/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT ELECT
Name CALLICUTT, DALE
Address 6653 SPRINGFIELD VILLAGE LN
City-State-Zip: CLEMMONS NC 27012

Title PRESIDENT
Name ST. CYR, SHEILA
Address 7510 BOBWHITE TRL
City-State-Zip: JONES OK 73049

Title TREASURER
Name FRIJA, RACHAEL
Address 5105 HIGH DESERT PL NE
City-State-Zip: ALBAQUERQUE NM 87111

Title DIRECTOR
Name OPPERMAN, CATHLEEN
Address 13766 CARRIAGE LN
City-State-Zip: PICKERINGTON OH 43147

Title DIRECTOR
Name ZIDEK, STEPHANIE
Address 272 S OAKLAND GROVE
City-State-Zip: ELMHURST IL 60126

Title DIRECTOR
Name FRITZ, ELIZABETH
Address 112 N MAPLE STREET
City-State-Zip: WATERTOWN WI 53094

Title DIRECTOR
Name O'MEARA, ASHLEE
Address 16250 S NEIBUR RD
City-State-Zip: OREGON CITY OR 97045

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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: SHEILA ST. CYR

PRESIDENT

03/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUCHWACH, DEBBIE
Address 311 N 175TH STREET
City-State-Zip: SHORELINE WA 98133