## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

**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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT-ELECT Title **TREASURER** Title GOLWAY, MARY Name Name BINDON, SUSAN

Address 330 NORTH WABASH AVENUE, SUITE Address 330 NORTH WABASH AVENUE, SUITE

2000 2000

City-State-Zip: CHICAGO IL 60611 City-State-Zip: CHICAGO IL 60611

**EXECUTIVE DIRECTOR** Title DIRECTOR Title Name BUCHWACH, DEBBIE Name ENGLEBRECHT, KAYE

Address 330 NORTH WABASH AVENUE, SUITE Address 330 NORTH WABASH AVENUE, SUITE

> 2000 2000

CHICAGO IL 60611 CHICAGO IL 60611 City-State-Zip: City-State-Zip:

Title DIRECTOR Title OPERATIONS MANAGER

Name WOOLDFORDE, LAUNETTE Name LINDSLEY, JANAE

Address 330 NORTH WABASH AVENUE Address 330 NORTH WABASH AVENUE

**SUITE 2000 SUITE 2000** 

City-State-Zip: CHICAGO IL 60611 City-State-Zip: CHICAGO IL 60611

Title **PRESIDENT** Title DIRECTOR

MALONEY, PATSY Name Name CALLICUTT, DALE

330 NORTH WABASH AVENUE 330 NORTH WABASH AVENUE Address Address **SUITE 2000** 

**SUITE 2000** 

CHICAGO IL 60611 CHICAGO IL 60611 City-State-Zip: City-State-Zip:

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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: JANAE LINDSLEY **OPERATIONS MANAGER** 02/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 08, 2020

**Secretary of State** 

8765215217CC

## Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

ST. CYR, SHEILA WALKER, MANDI Name Name

330 NORTH WABASH AVENUE Address 330 NORTH WABASH AVENUE Address 2000

SUITE 2000

City-State-Zip: CHICAGO IL 60611 City-State-Zip: CHICAGO IL 60611