

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36560

FILED
Jan 17, 2017
Secretary of State
CC0831081276**Entity Name:** ASSOCIATION OF 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:** Yes**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	PRESIDENT
Name	WILSON, CHRISTINE
Address	330 NORTH WABASH AVENUE, SUITE 2000
City-State-Zip:	CHICAGO IL 60611

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	JOHNSON, CAROL SUSAN
Address	330 NORTH WABASH AVENUE, SUITE 2000
City-State-Zip:	CHICAGO IL 60611

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

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

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

Title	DIRECTOR
Name	MALONEY, PATSY
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: KELLY KEANE**OPERATIONS MANAGER 01/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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