

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36560

**Entity Name:** ASSOCIATION FOR NURSING PROFESSIONAL DEVELOPMENT, INC.

**FILED**  
**Mar 02, 2023**  
**Secretary of State**  
**3595373150CC**

**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**

**03/02/2023**

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 DIRECTOR  
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 DIRECTOR  
Name WALKER, MANDI  
Address 5006 OAKBROOK LN  
City-State-Zip: LOUISVILLE KY 40245

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

*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**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date