## **2021 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:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT-ELECT Title DIRECTOR

Name BINDON, SUSAN Name BUCHWACH, DEBBIE

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

Title EXECUTIVE DIRECTOR Title OPERATIONS MANAGER

Name ENGLEBRECHT, KAYE Name LINDSLEY, JANAE

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

2000 SUITE 2000

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

Title DIRECTOR Title DIRECTOR

Name CALLICUTT, DALE Name ST. CYR, SHEILA

Address 330 NORTH WABASH AVENUE Address 330 NORTH WABASH AVENUE

SUITE 2000 2000

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

TitleDIRECTORTitleTREASURERNameWALKER, MANDINameFRIJA, RACHAEL

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

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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 01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Date

FILED Jan 15, 2021

Secretary of State

4424894675CC

## Officer/Director Detail Continued:

Title DIRECTOR

Name OPPERMAN, CATHLEEN

330 NORTH WABASH AVENUE SUITE 2000 Address

City-State-Zip: CHICAGO IL 60611