

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36560

Entity Name: ASSOCIATION FOR NURSING PROFESSIONAL DEVELOPMENT, INC.

FILED
Oct 27, 2022
Secretary of State
4335783991CR

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

10/27/2022

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 DOHERTY, DENNIS
Address 93 LINCOLN ST
City-State-Zip: NORWOOD MA 02062

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: KAYE ENGLEBRECHT

EXECUTIVE DIRECTOR

10/27/2022

Electronic Signature of Signing Officer/Director Detail

Date