

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

DOCUMENT# N95000005555

**Entity Name:** CENTRAL FLORIDA ADVANCED NURSING PRACTICE  
COUNCIL, INC.**Current Principal Place of Business:**2125 FALMOUTH ROAD  
MAITLAND, FL 32751**Current Mailing Address:**2125 FALMOUTH ROAD  
MAITLAND, FL 32751 US**FEI Number: 59-3280344****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MUSE, PATRICE  
2125 FALMOUTH ROAD  
MAITLAND, FL 32751 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: PATRICE MUSE****04/09/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER, PAST AND ELECT
Name	MUSE, PATRICE MARIE
Address	2125 FALMOUTH ROAD
City-State-Zip:	MAITLAND FL 32751

Title	TREASURER
Name	CHIPMAN, MEGAN
Address	13739 HUNTWICK DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	PRESIDENT, PAST
Name	TEDESCO, DEBORAH
Address	1593 ARROWROOT TRAIL
City-State-Zip:	OVIDO FL 32765

Title	PRESIDENT
Name	SANDS, KRYSTA
Address	1560 MARDEN RIDGE LOOP APT 310
City-State-Zip:	,AOPKA FL 32703

*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: MEGAN CHIPMAN****TREASURER****04/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date