

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005555

Entity Name: CENTRAL FLORIDA ADVANCED NURSING PRACTICE
COUNCIL, INC.**FILED**
Mar 28, 2016
Secretary of State
CC9791180897**Current Principal Place of Business:**1700 LAKE SHORE DR
ORLANDO, FL 32803**Current Mailing Address:**1700 LAKE SHORE DRIVE
ORLANDO, FL 32803 US**FEI Number: 59-3280344****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HUTCHISON, JANET
1700 LAKE SHORE DR
ORLANDO, FL 32803 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: JANET HUTCHISON****03/28/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PREVIOUS TREASURE

Name LATERNIER, BONNIE

Address 4807 WANSLEY DR

City-State-Zip: ORLANDO FL 32812

Title TREASURER ELECT

Name ALPHONSE, GLADYS

Address 2001 GLENRIDGE WAY
APT # 54

City-State-Zip: WINTER PARK FL 32872

Title VICE PRESIDENT

Name SMITH, SUSAN

Address 17521 BELLA NOVA DR

City-State-Zip: ORLANDO FL 32826

Title TREASURER 2016

Name HUTCHISON, JANET

Address 1700 LAKE SHORE DRIVE

City-State-Zip: ORLANDO FL 32803

Title PRESIDENT

Name GUERRIER, LOTRICIA

Address 17521 BELLA NOVA DR

City-State-Zip: ORLANDO FL 32826

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: JANET HUTCHISON**TREASURER****03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date