

2022 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****04/18/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PREVIOUS TREASURER
Name HUTCHISON, JANET MARY
Address 372 LAKEVIEW
City-State-Zip: ORLANDO FL 32804

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

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

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

Title VICE PRESIDENT
Name NORMAN, CHARLES
Address 7718 HIDDEN IVEY COURT
City-State-Zip: ORLANDO FL 32819

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: PATRICE MUSE**TREASURER****04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date