

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005555

Entity Name: CENTRAL FLORIDA ADVANCED NURSING PRACTICE COUNCIL, INC.**Current Principal Place of Business:**4831 ADAIR OAK DR.
ORLANDO, FL 32829**Current Mailing Address:**4831 ADAIR OAK DR
ORLANDO, FL 32829 US**FEI Number: 59-3280344****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OTERO, CYNTHIA
4831 ADAIR OAK DRIVE
ORLANDO, FL 32829 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:** CYNTHIA OTERO

02/08/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LIMA, CLELIA
Address	586 BRANTLEY TERRACE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PR
Name	CUTLER, CATHY
Address	1616 WHITE DOVE DR
City-State-Zip:	WINTER SPRINGS FL 32708

Title	TREASURER
Name	OTERO, CYNTHIA
Address	4831 ADAIR OAK DRIVE
City-State-Zip:	ORLANDO FL 32829

Title	S
Name	LANTERNIER, BONNIE
Address	4807 WANSLEY DRIVE
City-State-Zip:	ORLANDO FL 32812

Title	MEMBER COMMITTEE
Name	MERCHANT, TABASSUM
Address	238 FAIRWAY POINTE CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	VP
Name	DOYLE , REBECCA
Address	9804 TATTERSALL AVENUE
City-State-Zip:	ORLANDO FL 32817

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: CYNTHIA OTERO**TREASURER**

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date