2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2012
Secretary of State

DOCUMENT# N04000008821

Entity Name: NATIONAL DIAMONDBACK PHARMACY ALUMNI COUNCIL INC.

Current Principal Place of Business:

4602 N 39 ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4602 N 39 ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 56-2480129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCRIVENS, JOHN J JR
4602 N 39 ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCRIVENS, JOHN J JR
Address: 4602 N 39 ST
City-St-Zip: TAMPA, FL 33610

Title: T
Name: WHITE, SHARON
Address: 11835 CHERRYBARK DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S
Name: WALLACE, JOY
Address: 908 MYAKKA CT NE
City-St-Zip: ST PETERSBUGR, FL 33702

Title: D
Name: MORAND, MONICA
Address: P.O. BOX 13052
City-St-Zip: ST PETERSBURG, FL 33712

Title: D
Name: JACKSON, ARTHUR L
Address: 2011 26 ST S
City-St-Zip: ST PETERSBURG, FL 33712

Title: D
Name: BROWN, RITA L
Address: 5578 PEDRICK PLANTATION
City-St-Zip: TALLAHASSEE, FL 32317

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: ARTHUR L. JACKSON D 01/14/2012
Electronic Signature of Signing Officer or Director Date