FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

6-21

CORPORATION ANNUAL REPORT 199 — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

N30686

FILED
95 JUN 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30686

1. Corporation Name
FLORIDA GULF COAST CHAPTER OF NSPI, INC.
10-9-92

Principal Place of Business / Mailing Address
c/o JEAN MARTIN
10303 BRUNT STORE ROAD #158
PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/14/89
3a. Date of Last Report: 4/94
4. FEI Number: 59-1679812 — Applied For / Not Applicable

2. Principal Place of Business (21): c
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LAURA JEAN MARTIN
10303 BRUNT STORE RD
#158
PUNTA GORDA, FL 33950

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

✓ SIGNATURE: Laura Jean Martin — LAURA JEAN MARTIN — Executive Director — 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	PRESIDENT	1.1 TITLE	☒ Change ☐ Addition
NAME	MICHAEL WOODROOF	1.2 NAME	
STREET ADDRESS	27098 DEL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FLA. 33923	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	☒ Change ☐ Addition
NAME	DONALD MARILLEY	2.2 NAME	REINSTATEMENT 92-95 CM
STREET ADDRESS	13377 BROADWAY LOOP S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS - FLA. 33919	2.4 CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER	3.1 TITLE	☒ Change ☐ Addition
NAME	STANLEY PORTER	3.2 NAME	400001525634
STREET ADDRESS	985 MARCH ST.	3.3 STREET ADDRESS	-06/28/95--01046--005
CITY-ST-ZIP	NORTH FT MYERS FLA. 33903	3.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE D	DIRECTOR	4.1 TITLE	☒ Change ☐ Addition
NAME	NEIL ROSE	4.2 NAME	400001525634
STREET ADDRESS	17371 DURRANCE RD.	4.3 STREET ADDRESS	-06/28/95--01046--006
CITY-ST-ZIP	NORTH FT. MYERS FLA. 33917	4.4 CITY-ST-ZIP	****565.00 ****565.00
TITLE D	DIRECTOR	5.1 TITLE	☒ Change ☐ Addition
NAME	DAVID ELLENBERGER	5.2 NAME	
STREET ADDRESS	218 ABBOTT AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FLA. 33936	5.4 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

✓ SIGNATURE: Michael Woodroof — Michael Woodroof — 3-23-95 — 813-332-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #