

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30686 (2)**

1. Corporation Name

**FLORIDA GULF COAST CHAPTER, NSPI, INC.**



Principal Place of Business

% JEAN MARTIN  
10303 BRUNT STORE ROAD #158  
PUNTA GORDA FL 33950

Mailing Address

% JEAN MARTIN  
10303 BRUNT STORE ROAD #158  
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified  
**02/14/1989**

3a. Date of Last Report  
**06/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1679812**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, LAURA JEAN  
10303 BRUNT STORE RD.  
#158  
PUNTA GORDA FL 33950

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Laura Jean Martin*  
Signature, typed or printed name of registered agent and title if applicable.

(LAURA JEAN MARTIN) EXECUTIVE DIRECTOR

DATE **2-19-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **WOBROOK, MICHAEL**  
STREET ADDRESS **27098 DEL LANE**  
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **BHMITT SPRACKLIN**  
1.3 STREET ADDRESS **4940 VINNCEHNS ST #204**  
1.4 CITY-ST-ZIP **CAPE CORAL - FL 33904**

TITLE **VP** ☒ DELETE  
NAME **MARKLEY, DONALD**  
STREET ADDRESS **13397 BROADHURST LOOP S.W.**  
CITY-ST-ZIP **FT. MYERS FL 33919**

2.1 TITLE **D** ☐ Change ☐ Addition  
2.2 NAME **FRANK BODOR**  
2.3 STREET ADDRESS **6260 10TH AVE. S.W.**  
2.4 CITY-ST-ZIP **NAPLES, FL. 33999**

TITLE **ST** ☐ DELETE  
NAME **PORTER, STANLEY**  
STREET ADDRESS **485 MARCH ST.**  
CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

3.1 TITLE **D** ☐ Change ☐ Addition  
3.2 NAME **RICHARD JOSLIN JR.**  
3.3 STREET ADDRESS **595 13TH ST N.W.**  
3.4 CITY-ST-ZIP **NAPLES, FL. 33964**

TITLE **D** ☒ DELETE  
NAME **ROSE, NEIL**  
STREET ADDRESS **17891 DURRANCE ROAD**  
CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **ELLENBERGER, DAVID**  
STREET ADDRESS **218 ABBOTT AVE.**  
CITY-ST-ZIP **LEHIGH ACRES FL 33963**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 Wobrock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-96**

**941-992-1520**

CR2E037 (12/95)