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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30686** (2)

1. Corporation Name

FLORIDA GULF COAST CHAPTER, NSPI, INC.

Principal Place of Business	Mailing Address
% JEAN MARTIN 10303 BRUNT STORE ROAD #158 PUNTA GORDA FL 33950	% JEAN MARTIN 10303 BRUNT STORE ROAD #158 PUNTA GORDA FL 33950



2. Principal Place of Business	2a. Mailing Address
21 258 Bangsberg Rd. SE Suite, Apt. #, etc.	26 258 Bangsberg Rd. SE Suite, Apt. #, etc.
22 City & State	27 City & State
23 Port Charlotte, FL	28 Port Charlotte, FL
24 Zip 33952	29 Zip 33952
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	02/14/1989
4. FEI Number	59-1679812
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. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No N/A

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 Brooks, Mitchell T. 82 Street Address (P.O. Box Number is Not Acceptable) 258 Bangsberg Road SE 83 84 City Port Charlotte FL 85 Zip Code 33952
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 <i>Mitchell T. Brooks</i>	SIGNATURE <i>Mitchell T. Brooks</i> DATE 3/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	JOSLIN, JR R	1.2 NAME	Harsanyi, Douglas
STREET ADDRESS	585 13TH ST NW	1.3 STREET ADDRESS	5826 Corporate Circle
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33905
TITLE	D	2.1 TITLE	D
NAME	BODOR, FRANK	2.2 NAME	Mitchell, Michael
STREET ADDRESS	6260 10TH AVE. S.W.	2.3 STREET ADDRESS	3240 SE 2nd Avenue
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	D	3.1 TITLE	D
NAME	PORTER, STANLEY	3.2 NAME	Scott, Jerry
STREET ADDRESS	485 MARCH ST.	3.3 STREET ADDRESS	1804 Main Street
CITY-ST-ZIP	NORTH FT. MYERS FL	3.4 CITY-ST-ZIP	Sanibel, FL 33957
TITLE	D	4.1 TITLE	D
NAME	SPRAOLIN, EMMITT	4.2 NAME	Randy Cramer
STREET ADDRESS	4940 VINNENNS ST., #204	4.3 STREET ADDRESS	1950 Courtney Drive #206
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	D	5.1 TITLE	
NAME	WOBROCK, MIKE	5.2 NAME	
STREET ADDRESS	27098 DEL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	
NAME	FOSTER, CLAUDIA	6.2 NAME	
STREET ADDRESS	2078 ANDREA LANE SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *[Signature]* (94) 455-5000

CR2E037 (10/97)