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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30686**

1. Corporation Name
FLORIDA GULF COAST CHAPTER, NSPI, INC.

Principal Place of Business	Mailing Address
258 BANGSBERG RD SE ~~10303 BRUNT STORE ROAD #158~~ PT CHARLOTTE FL 33952 US	258 BANGSBERG RD SE ~~10303 BRUNT STORE ROAD #158~~ PT CHARLOTTE FL 33952 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 25B BANGSBERG RD SE	26 25B BANGSBERG RD SE	02/14/1989
Suite, Apt. #, etc. 22 PORT CHARLOTTE, FL	Suite, Apt. #, etc. 27 PORT CHARLOTTE FL	4. FEI Number 59-1679812 ☐ Applied For ☐ Not Applicable
City & State 23 33952 USA	City & State 28 33952 USA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROOKS, MITCHELL T 258 BANGSBERG RD S E #158 PT CHARLOTTE FL 33952	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARSANYI, DOUGLAS		1.2 NAME	
STREET ADDRESS	5826 CORPORATE CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT M YERS FL 33905		1.4 CITY-ST-ZIP	
TITLE	D, S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, MICHAEL		2.2 NAME	
STREET ADDRESS	3240 SE 2ND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP	
TITLE	D, VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JERRY		3.2 NAME	
STREET ADDRESS	1804 MAIN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CRAMER, RANDY		4. 2 NAME	
STREET ADDRESS	1950 COURTNEY DR SUITE 206		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: DOUGLAS HARSANYI 4/15/99 941 764-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #