

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30686

FILED
Apr 13, 2005
Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER, NSPI, INC.

Current Principal Place of Business:

2811 TAMIAMI TR.
PT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2811 TAMIAMI TR.
PT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-1679812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROOKS, MITCHELL T
258 BANGSBERG RD S E
#158
PT CHARLOTTE, FL 33952 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: S/T () Delete
Name: MARTIN, LAURIE
Address: 12781-1 WATER LA
City-St-Zip: FT MYERS, FL 33908

Title: PP () Delete
Name: MITCHELL, MICHAEL
Address: 1822 SE 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 339902309

Title: D () Delete
Name: SCOTT, JERRY
Address: P.O. BOX 1804
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: MAXWELL, DAVID
Address: 13401 RICKENBACKER PKWY.
City-St-Zip: FORT MYERS, FL 33913

Title: VP () Delete
Name: HOWE, GARY
Address: 3030 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: HOWE, JANICE
Address: 3030 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID MAXWELL

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date