2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005906

1. Entity Name
NARPM CHAPTER CORPORATION - SPRING HILL CHAPTER

Principal Place of Business	Mailing Address
C/O DAVID R. CARTER 5308 SPRING HILL DRIVE SPRING HILL, FL 34606	C/O DAVID CARTER 5308 SPRING HILL DR SPRING HILL, FL 34606 US

01032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3432537
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, DAVID R
5308 SPRING HILL DRIVE
SPRING HILL, FL 34606

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WILSON, LINDA A
STREET ADDRESS	C/O 3519 COMMERCIAL WAY
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VPD
NAME	RINALDI, MARY
STREET ADDRESS	P.O. BOX 628
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	SD
NAME	HESS, ELLIE
STREET ADDRESS	12855 SPRING HILL DR.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	PD
NAME	WADDELL, JAMES
STREET ADDRESS	9108 US HWY 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/05-80056-007 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Andrew J Waddell CMP 1/4/05 727-849-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #