


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000000463 1. Entity Name NAPM-FLORIDA SUN COAST, INC.																																																																																																										
Principal Place of Business 5967 CAMELOT DR. N C/O BILL MEADE SARASOTA FL 34233		Mailing Address 5967 CAMELOT DR. N C/O BILL MEADE SARASOTA FL 34233																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																								
City & State		City & State																																																																																																								
Zip		Zip																																																																																																								
Country		Country																																																																																																								
4. FEI Number 65-0910136		Applied For Not Applicable																																																																																																								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																								
6. Name and Address of Current Registered Agent MEADE, BILL 5967 CAMELOT DR. N SARASOTA FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																								
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.		FL Zip Code																																																																																																								
SIGNATURE <u>Bill Meade</u> <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2/6/06</u>																																																																																																								
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1st MOORE CR2E037 (10/05)

4. FEI Number **65-0910136** Applied For Not Applicable

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

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1100000425760
02/20/06-80015-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bill Meade 2/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #