

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000463

FILED  
Apr 04, 2009  
Secretary of State

Entity Name: NAPM-FLORIDA SUN COAST, INC.

**Current Principal Place of Business:**

5967 CAMELOT DR. N  
C/O BILL MEADE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5967 CAMELOT DR. N  
C/O BILL MEADE  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 65-0910136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADE, BILL  
5967 CAMELOT DR. N  
SARASOTA, FL 34233      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: D ( ) Delete  
Name: ALEXANDER, CHERI  
Address: 25313 DORIDO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: P ( ) Delete  
Name: BATES, SHERRA  
Address: 16500 SLATER ROAD, #41  
City-St-Zip: FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: BOERS, PETER  
Address: 9051 LIGHTNING BUG COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: COLON, MELIZA  
Address: 4245 EVANS AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: T ( ) Delete  
Name: MEADE, BILL  
Address: 5967 CAMELOT DR. N  
City-St-Zip: SARASOTA, FL 34233

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BILL MEADE

T

04/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date