

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04604

Entity Name: NAIFA-NORTH SUNCOAST, INC.**Current Principal Place of Business:**11315 LITTLE ROAD
NEW PORT RICHEY, FL 34654**Current Mailing Address:**P.O. BOX 894
NEW PORT RICHEY, FL 34656-0894 US**FEI Number:** 59-2468436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NADING, SUZANNE
11315 LITTLE ROAD
NEW PORT RICHEY, FL 34654 US*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**Officer/Director Detail :**

Title	D
Name	PETERS, JAMES M
Address	11315 LITTLE ROAD
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	TREASURER
Name	CLEGG, LAURA
Address	7407 SR 52
City-State-Zip:	HUDSON FL 34667

Title	VP
Name	NOEL, CHRISTINE
Address	4312 WOODLARK DR
City-State-Zip:	TAMPA FL 33624

Title	D
Name	STUART, SHELITA
Address	7516 RIDGE ROAD
City-State-Zip:	PORT RICHEY FL 34668

Title	PRESIDENT
Name	HOLLADAY, TIM
Address	7127 US HWY 19
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	S
Name	NADING, SUZANNE
Address	11315 LITTLE ROAD
City-State-Zip:	NEW PORT RICHEY FL 34654

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE G NADING**SECRETARY****01/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date