

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005906

Entity Name: FLORIDA WEST COAST NARPM CHAPTER, INC.**Current Principal Place of Business:**FLORIDA WEST COAST NARPM CHAPTER, INC.
P. O. BOX 5944
SPRING HILL, FL 34611**Current Mailing Address:**FLORIDA WEST COAST NARPM CHAPTER, INC.
P. O. BOX 5944
SPRING HILL, FL 34611 US**FEI Number:** 59-3432537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, LINDA A.
3519 COMMERCIAL WAY
SPRING HILL, FL 34606 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:** LINDA A. WILSON

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title TD
Name WILSON, LINDA A
Address 3519 COMMERCIAL WAY
City-State-Zip: SPRING HILL FL 34606Title P, DIRECTOR, PRESIDENT
Name RINALDI, MARY
Address 9108 US 19
City-State-Zip: PORT RICHEY FL 34668Title VP, DIRECTOR
Name HERMANSEN, LORI
Address 9108 US 19
City-State-Zip: PORT RICHEY FL 34668Title SECRETARY, DIRECTOR
Name HULZING, MONICA
Address 439 E. TARPON AVE.
City-State-Zip: TARPON SPRINGS, FL 34689

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: LINDA A. WILSON**TREASURER**

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date