

**2022 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

04/13/2022

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 34606  
  
Title PRESIDENT, DIRECTOR  
Name HITE, ROBIN L  
Address ERA AMERICAN REALTY  
4511 N. LECANTO HWY  
City-State-Zip: BEVERLY HILLS FL 34465

Title DIRECTOR  
Name RINALDI , MARY  
Address FLORIDA WEST COAST NARPM  
CHAPTER, INC.  
P. O. BOX 5944  
City-State-Zip: SPRING HILL FL 34611

*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**

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date