

2020 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

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD	Title	DIRECTOR
Name	WILSON, LINDA A	Name	RINALDI , MARY
Address	3519 COMMERCIAL WAY	Address	FLORIDA WEST COAST NARPM CHAPTER, INC. P. O. BOX 5944
City-State-Zip:	SPRING HILL FL 34606	City-State-Zip:	SPRING HILL FL 34611
Title	SECRETARY, DIRECTOR		
Name	ANKERS, SALLY J	Title	PRESIDENT, DIRECTOR
Address	FLORIDA WEST COAST NARPM CHAPTER, INC. 3519 COMMERCIAL WAY	Name	HITE, ROBIN L
City-State-Zip:	SPRING HILL FL 34606	Address	ERA AMERICAN REALTY 4511 N. LECANTO HWY
		City-State-Zip:	BEVERLY HILLS FL 34465

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**

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date