

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713763**

(1)

1. Corporation Name
NAPM - FLORIDA INC.



Principal Place of Business

4517 ORANGEWOOD LOOP, WEST
POST OFFICE BOX 8223
LAKELAND FL 33813
US

Mailing Address

734 KENSINGTON STREET
P.O. BOX 8223
LAKELAND FL 33803
US

21	2a	21	2a
Principal Name of Business	Mailing Address	Principal Name of Business	Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.	State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State	City & State	City & State
Zip	Country	Zip	Country
25	25	29	29

3. Date Incorporated or Organized 12/08/1967	3a. Date of Last Report 05/16/1995
4. FEI Number 23-7274901	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KLUG, PAULA
804 WATERS OAK DRIVE SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of the President or other officer or director of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12	OFFICERS AND DIRECTORS	13	ADDITION OR CHANGE TO OFFICERS AND DIRECTORS
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

VD
WHITE, LISA
4419 ORANGEWOOD LOOP EAST
LAKELAND FL
V
KEITH, PRISCILLA
1444 NORTH MONTROSE AVENUE
LAKELAND FL
D
TOADVINE, JACK
1311 SOUTHGLEN LANE
LAKELAND FL
S
NICHOLS, PAT
734 KENSINGTON STREET
LAKELAND FL
T
WOLSKI, DOTTY
4517 ORANGEWOOD LOOP WEST
LAKELAND FL
D
PRINCE, CONNIE
1970 HIGH VISTA DRIVE
LAKELAND FL

500001746364
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***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doty Wolski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 1996 741-534-0565
Date Filed

CR2E037 (12/95)