


FILE NOW: FILING FEE IS \$61.25

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**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
12/08/1967

4. FEI Number
23-7274901

Applied For	Not Applicable
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2. Principal Place of Business
 21 **1311 Southglen Ln**

2a. Mailing Address
 26 **P. O. Box 8223**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State
Lakeland FL

27 City & State
Lakeland FL

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip
33813

25 Country
USA

29 Zip
33802

30 Country
USA

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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	Jack Toadvine
82 Street Address (P.O. Box Number is Not Acceptable)	1311 Southglen Ln
83	
84 City	Lakeland FL
85 Zip Code	33813

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 family with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jack Toadvine* **Jack Toadvine** DATE: **1-15-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLSKI, DOTTY	1.2 NAME	
STREET ADDRESS	4517 ORANGEWOOD LOOP W	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, PRISCILLA	2.2 NAME	
STREET ADDRESS	1444 NORTH MONTROSE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOADVINE, JACK	3.2 NAME	Paula Klug
STREET ADDRESS	1311 SOUTHGLEN LANE	3.3 STREET ADDRESS	804 Waters Oak Drive
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Winter Haven FL 33880
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, PAT	4.2 NAME	
STREET ADDRESS	1305 SUNSET AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, BOBBIE J	5.2 NAME	Perry, Bobbi Jo
STREET ADDRESS	5223 ST LUCIA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINCE, CONNIE	6.2 NAME	Welcome, Sherry
STREET ADDRESS	1970 HIGH VISTA DRIVE	6.3 STREET ADDRESS	5210 Greenbriar
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland FL 33809

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pat Nichols* **PAT NICHOLS** DATE: **1-15-98**

CR2E037 (10/97)