

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005
Secretary of State

DOCUMENT# 713763

Entity Name: NAPM - FLORIDA INC.

Current Principal Place of Business:

1444 NORTH MONTROSE
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8223
LAKELAND, FL 338028223 US

New Mailing Address:

FEI Number: 23-7274901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLAESER, GAIL
5300 ALLEN K. BREED HWY
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ANDREWS, DAWN
Address: P. O. BOX 8223
City-St-Zip: LAKELAND, FL 338028223 US

Title: D () Delete
Name: KEITH, PRISCILLA
Address: 1444 NORTH MONTROSE
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: KLUG, PAULA
Address: 804 WATERS OAK DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: S () Delete
Name: NICHOLS, PAT
Address: 1305 SUNSET AVE
City-St-Zip: LAKELAND, FL 338016544

Title: T () Delete
Name: VARNER, LINDA
Address: 808 W. TEVER STREET
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: KLUG, PAULA
Address: 804 WATERS OAK DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAT NICHOLS

Electronic Signature of Signing Officer or Director

S

05/17/2005

Date