

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713763

FILED
Jan 19, 2007
Secretary of State

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 ()

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:

KEITH, PRISCILLA
1444 NORTH MONTROSE
LAKELAND, FL 33805 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: PRISCILLA KEITH

01/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WOOLLEY, CHYRL
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: 451 LONGFELLOW BLVD
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: VARNER, LINDA
Address: 1824 MEADOWBROOK AVENUE
City-St-Zip: LAKELAND, FL 338032537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FAHEY, JERRY
Address: P O BOX 8223
City-St-Zip: LAKELAND, FL 33882

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 Chapter 119, 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

D

01/19/2007

Electronic Signature of Signing Officer or Director

Date