

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713763

FILED  
Apr 10, 2008  
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:**

KEITH, PRISCILLA  
1444 NORTH MONTROSE  
LAKELAND, FL 33805 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: 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: FAHEY, JERRY  
Address: P O BOX 8223  
City-St-Zip: LAKELAND, FL 33882

Title: S (X) 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: VD (X) Change ( ) Addition  
Name: WOOLLEY, CHYRL  
Address: P. O. BOX 8223  
City-St-Zip: LAKELAND, FL 33802 US

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

Title: D (X) Change ( ) Addition  
Name: SHEFFIELD, STEVE  
Address: P O BOX 8223  
City-St-Zip: LAKELAND, FL 33802

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

Title: T (X) Change ( ) Addition  
Name: BROWN, TRACY  
Address: P.O. BOX 8223  
City-St-Zip: LAKELAND, FL 33802

I hereby certify that the information supplied with this filing does not qualify 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: TRACY BROWN

T

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date