

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90112 050 ****61.25

DOCUMENT # 713763



1. Entity Name
NAPM - FLORIDA INC.

Principal Place of Business 1444 NORTH MONTROSE LAKELAND FL 33805 US	Mailing Address PO BOX 8223 LAKELAND FL 33802-8223 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 23-7274901	Applied For
	Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLAESER, GAIL
5300 OLD TAMPA HWY
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5300 Allen K. Breed Highway
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gail Blaeser* **3-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	KIRKLAND, HENRY	1401 NE 1ST STREET	MULBERRY FL 33860				
D	KEITH, PRISCILLA	1444 NORHT MONTROSE	LAKELAND FL 33805				
D	KLUG, PAULA	804 WATERS OAK DR	WINTER HAVEN FL 33880				
S	NICHOLS, PAT	1305 SUNSET AVE	LAKELAND FL 33801-6544				
T	VARNER, LINDA	808 W. TEVER STREET	PLANT CITY FL 33566				
D	KLUG, PAULA	804 WATERS OAK DRIVE	WINTER HAVEN FL 33880				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE FROUNDED*

3-12-03

CR2E037 (10/02)