

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761666

FILED
May 09, 2007
Secretary of State

Entity Name: FLORIDA NATUROPATHIC PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

251 N MAIRLAND AVE
SUITE 116
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

537 FORE DRIVE
BRADENTON, FL 34208 US

Current Mailing Address:

251 N MAIRLAND AVE
SUITE 116
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

537 FORE DRIVE
BRADENTON, FL 34208 US

FEI Number: 59-2049967 **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:

GELDNER, R W ND
1055 ORANGE GROVE LANE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CLARK, MICHELLE E ND
537 FORE DRIVE
BRADENTON, FL 34208 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: MICHELLE E. CLARK, ND

05/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: YAEGER JR, CARL,
Address: 1177 MARTIN L. KING BLVD
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: GELDNER, R. W
Address: 1517 E. ROBINSON ST.
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: ORFAS, EMANUEL
Address: 12811 SW 149TH ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: IPP (X) Change () Addition
Name: GELDNER, R W ND
Address: 251 N. MAITLAND AVE., SUITE 116
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: P (X) Change () Addition
Name: CLARK, MICHELLE E ND
Address: 537 FORE DRIVE
City-St-Zip: BRADENTON, FL 34208 US

Title: VP (X) Change () Addition
Name: CLEMENTS, KATHERINE ND
Address: 3131 S. TAMiami TRAIL, SUITE 206
City-St-Zip: SARASOTA, FL 34239 US

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: MICHELLE E. CLARK, ND

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05/09/2007

Electronic Signature of Signing Officer or Director

Date