

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761666

FILED
May 07, 2008
Secretary of State

Entity Name: FLORIDA NATUROPATHIC PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

537 FORE DRIVE
BRADENTON, FL 34208 US

New Principal Place of Business:

Current Mailing Address:

537 FORE DRIVE
BRADENTON, FL 34208 US

New Mailing Address:

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:

CLARK, MICHELLE E ND
537 FORE DRIVE
BRADENTON, FL 34208 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: IPP () Delete
Name: GELDNER, R W ND
Address: 251 N. MAITLAND AVE., SUITE 116
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

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

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:

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

P

05/07/2008

Electronic Signature of Signing Officer or Director

Date