2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# 761666

Entity Name: FLORIDA NATUROPATHIC PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

537 FORE DRIVE
BRADENTON, FL 34208 US

New Principal Place of Business:

12413 ADVENTURE DR.
RIVERVIEW, FL 33579 US

Current Mailing Address:

537 FORE DRIVE
BRADENTON, FL 34208 US

New Mailing Address:

PO BOX 25146
SARASOTA, FL 34277 US

FEI Number: 59-2049967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

CAMP, ELIZABETH ND
12413 ADVENTURE DR.
RIVERVIEW, FL 33579 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: ELIZABETH CAMP, ND 03/08/2009
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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: S ( ) Change (X) Addition
Name: THOMPSON, JUDITH ND
Address: 4722 NW 2ND AVE., SUITE C-108
City-St-Zip: BOCA RATON, FL 33431 US

Title: T ( ) Change (X) Addition
Name: CAMP, ELIZABETH ND
Address: 12413 ADVENTURE DR.
City-St-Zip: RIVERVIEW, FL 33579 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: ELIZABETH CAMP, ND T 03/08/2009
Electronic Signature of Signing Officer or Director Date