2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000389

1. Entity Name
N.P.R.S.C., INC.

Principal Place of Business	Mailing Address
5125 BONITO DR NEW PORT RICHEY, FL 34652-4407	PO BOX 178 NEW PORT RICHEY, FL 34656-0178

03082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
31-1804715
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BART, RONALD K
5125 BONITO DR
NEW PORT RICHEY, FL 34652

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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: Ronald K Bart 4/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

000004309303
04/18/06-80072-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, JOSEPH B
STREET ADDRESS	4839 SANDPOINTE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	S
NAME	BART, RONALD K
STREET ADDRESS	5125 BONITO DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	P
NAME	ADKINS, DALLAS G
STREET ADDRESS	10616 LABUENUM
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	T
NAME	ZEGARAC, ROBERT M
STREET ADDRESS	7807 WILLOW BROOK CT
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	CRANE, BILL
STREET ADDRESS	7434 NOVA SCOTIA DR.
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	HALKER, HARRY R
STREET ADDRESS	12021 EXORIA AVENUE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald K Bart 4/3/06 727-845-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #