

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000389

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

FILED
Jan 02, 2008
Secretary of State

Current Principal Place of Business:

5125 BONITO DR
NEW PORT RICHEY, FL 346524407

New Principal Place of Business:

Current Mailing Address:

PO BOX 178
NEW PORT RICHEY, FL 346560178

New Mailing Address:

FEI Number: 31-1804715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BART, RONALD K
5125 BONITO DR
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: MCMANIS, JERRY L
Address: 1541 LANDAU ST
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: BART, RONALD K
Address: 5125 BONITO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: ZEGARAC, ROBERT M
Address: 7807 WILLOW BROOK CT
City-St-Zip: HUDSON, FL 34667

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VENDITTI, FRANK L
Address: PO BOX 2041
City-St-Zip: NEW PORT RICHEY, FL 346562041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ZEGARAC, ROBERT M
Address: 8001 BEAVER CREEK LOOP
City-St-Zip: HUDSON, FL 346672615

Title: VP () Change (X) Addition
Name: FARMER, DARRELL
Address: 6029 FLORAL VIEW WAY
City-St-Zip: PORT RICHEY, FL 346686922

Title: D () Change (X) Addition
Name: WILLIAMS, STEVEN
Address: 670 OLD EAST LAKE ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

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: RONALD K. BART

RA

01/02/2008

Electronic Signature of Signing Officer or Director

Date