

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000389

FILED  
Mar 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5125 BONITO DR  
NEW PORT RICHEY, FL 34652

**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  
Name: VENDITTI, FRANK L  
Address: PO BOX 2041  
City-St-Zip: NEW PORT RICHEY, FL 346562041

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD K BART

AGEN

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date