

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006011

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: SOUTHEAST FLORIDA CHAPTER OF NIGP, INC.

## Current Principal Place of Business:

7525 NW 88TH AVE  
PURCHASING DEPT  
TAMARAC, FL 33321

## New Principal Place of Business:

4300 NW 36 STREET  
PURCHASING & CONTRACTS MGR  
LAUDERDALE LAKES, FL 33319

## Current Mailing Address:

7525 NW 88TH AVE  
PURCHASING DEPT  
TAMARAC, FL 33321

## New Mailing Address:

4300 NW 36 STREET  
PURCHASING & CONTRACTS MGR  
LAUDERDALE LAKES, FL 33319

FEI Number: 65-1134303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLATZ, KEITH  
7525 NW 88TH AVE  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

RAPHAELSON, HOLLY  
3495 N HIATUS ROAD  
SUNRISE, FL 33351 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: HOLLY RAPHAELSON

01/04/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GLATZ, KEITH  
Address: 7585 NW 88TH AVE  
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete  
Name: RAPHAELSON, HOLLY  
Address: 4747 N NOB HILL RD, SUITE 6  
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete  
Name: JEETHAN, LINDA  
Address: 4800 WEST COPANS ROAD  
City-St-Zip: COCONUT CREEK, FL 330633879

Title: S ( ) Delete  
Name: PALOMINO, MARGARET  
Address: 2300 CIVIC CENTER PLACE  
City-St-Zip: MIRAMAR, FL 330256577

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAPHAELSON, HOLLY  
Address: 3495 N HIATUS ROAD  
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change ( ) Addition  
Name: HYMAN, HERB  
Address: 6591 ORANGE DRIVE  
City-St-Zip: DAVIE, FL 33314

Title: T (X) Change ( ) Addition  
Name: LERAY, DIANE  
Address: 4300 NW 36 STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: HOLLY RAPHAELSON

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date