

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006011

FILED
Jan 26, 2009
Secretary of State

Entity Name: SOUTHEAST FLORIDA CHAPTER OF NIGP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1134303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HYMAN, HERB
6591 ORANGE DRIVE
DAVIE, FL 33314 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: HERB HYMAN

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: HYMAN, HERB
Address: 6591 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change () Addition
Name: DURDEN, MICHAL
Address: 100 AVIATION BLVD
City-St-Zip: FT. LAUDERDALE, FL 33315

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

Title: S (X) Change () Addition
Name: EWELL, RICHARD
Address: 100 N. ANDREWS AVE., ROOM 619
City-St-Zip: FT. LAUDERDALE, FL 33301

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: HERB HYMAN

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date