

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006469

1. Entity Name

RECOVERING PHARMACISTS NETWORK OF FLORIDA,
INC.



Principal Place of Business

181 SABAL PALM DRIVE
LONGWOOD FL 32779

Mailing Address

181 SABAL PALM DRIVE
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

04-3626719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BOB
181 SABAL PALM DRIVE
LONGWOOD FL 32779

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TEMPLEMAN, DAVID	
STREET ADDRESS	1200 NORTH ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, MITCH	
STREET ADDRESS	1977 FALCON CT	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THORPE, CHARLES	
STREET ADDRESS	5351 BAYWATER DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, KEN	
STREET ADDRESS	8800 NW 39TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MILLER, BOB	
STREET ADDRESS	318 SHADOW BAY BLVD N	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000238668	
CITY-ST-ZIP	02/22/05-80009-008 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/05

407 682 3211