2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N01000007939

Entity Name: NORTH FLORIDA INDEPENDENT PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

433 HWY 29 SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

4314 5TH AVENUE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3758725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARAMORE, EARL S
4314 5TH AVENUE
MARIANNA, FL 32446 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:	D	( ) Delete
Name:	CADENHEAD, KIM	
Address:	433 HWY 29 S.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	ABBOTT, SHANE	
Address:	612 E. MAIN AVENUE	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32435	
Title:	D	( ) Delete
Name:	BURKLOW, STEVE	
Address:	4880 WOODBINE ROAD	
City-St-Zip:	PACE, FL 32571	
Title:	PRES	( ) Delete
Name:	PARAMORE, EARL S	
Address:	4314 5TH AVENUE	
City-St-Zip:	MARIANNA, FL 32446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL SCOTT PARAMORE PRES 04/28/2005

Electronic Signature of Signing Officer or Director — Date