2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007939

1. Entity Name
NORTH FLORIDA INDEPENDENT PHARMACY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
433 HWY 29 SOUTH CANTONMENT, FL 32533	4314 5TH AVENUE MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3758725

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARAMORE, EARL S
4314 5TH AVENUE
MARIANNA, FL 32446

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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 E. Scott Paramore, President 3-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

[illegible] 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CADENHEAD, KIM
STREET ADDRESS	433 HWY 29 S.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	ABBOTT, SHANE
STREET ADDRESS	612 E. MAIN AVENUE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	BURKLOW, STEVE
STREET ADDRESS	4880 WOODBINE ROAD
CITY-ST-ZIP	PACE, FL 32571
TITLE	PRES
NAME	PARAMORE, EARL S
STREET ADDRESS	4314 5TH AVENUE
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _____ 3-10-06 850 482-3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #