

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007939

FILED
Apr 28, 2009
Secretary of State

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 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: EARL SCOTT PARAMORE

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date