

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007939

**FILED**  
**Apr 23, 2010**  
**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  
Name: CADENHEAD, KIM  
Address: 433 HWY 29 S.  
City-St-Zip: CANTONMENT, FL 32533

Title: D  
Name: ABBOTT, SHANE  
Address: 612 E. MAIN AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D  
Name: BURKLOW, STEVE  
Address: 4880 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571

Title: PRES  
Name: PARAMORE, EARL S  
Address: 4314 5TH AVENUE  
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: EARL S PARAMORE

PRES

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date