

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003236

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** NORTH AMERICAN TEMPLATE, INC.

**Current Principal Place of Business:**

3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 04-3653177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUPPENS, MARC S  
3741 S.W. KASIN STREET  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

MARCUS, LISA S  
19456 PRESERVE DR.  
BOCA RATON, FL 33498 US

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: LISA MARCUS

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: LUPPENS, MARC S  
Address: 3741 SW KASIN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: DS ( ) Delete  
Name: LUPPENS, ELLEN E  
Address: 3741 SW KASIN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: D ( ) Delete  
Name: MARCUS, LISA  
Address: 19456 PRESERVE DRIVE  
City-St-Zip: BOCA RATON, FL 33498 US

**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:

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: LIDSA MARCUS

V.P.

04/27/2009

Electronic Signature of Signing Officer or Director

Date