2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004267

Entity Name: NFRA FLORIDA CHAPTER, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 141 WOODEN MILL TERRACE JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 141 WOODEN MILL TERRACE JUPITER, FL 33458 FEI Number: 73-1711583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARSONS, JOHN O 141 WOODEN MILL TERRACE JUPITER, FL 33458 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PARSONS, JOHN O Name: Name: 141 WOODEN MILL TERRACE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GAITENS, TOM Name: Address: 7709 BRISTOL PARK DRIVE Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: () Delete Title: (X) Change () Addition STRAIT, PATRICIA Name: KARR, JEANNE Name: 1629 S.W. 104TH LANE Address: Address: 1102 SIOUX STREET City-St-Zip: OCALA, FL 34476 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: () Change () Addition Name: HALLMAN, JOHN Name: P.O. BOX 216 Address: Address: City-St-Zip: BOCA RATON, FL 33429 City-St-Zip: Title: () Delete Title: () Change (X) Addition MARTIN, SHERRI Name: Name: 1099 FOREST LAKE TERRACE Address: Address: City-St-Zip: City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change (X) Addition DLOUHY, ROBERT J Name: Name: Address: Address: P.O. BOX 40 ODESSA, FL 33556 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN O. PARSONS P 04/20/2006