

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003094

FILED
May 14, 2007
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA CHAPTER OF NIGP, INC.

Current Principal Place of Business:

ALACHUA COUNTY ADMINISTRATIVE SERVICES
3RD FLOOR, 12 SE 1ST STREET
GAINESVILLE, FL 326016893

New Principal Place of Business:

Current Mailing Address:

ALACHUA COUNTY ADMINISTRATIVE SERVICES
3RD FLOOR, 12 SE 1ST STREET
GAINESVILLE, FL 326016893

New Mailing Address:

FEI Number: 20-4542338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KIGHT, DARRYL
ALACHUA COUNTY ADMINISTRATIVE SERVICES
3RD FLOOR, 12 SE 1ST STREET
GAINESVILLE, FL 326016893 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: REHMAN, SHAAD
Address: PO BOX 490, STATION 16
City-St-Zip: GAINESVILLE, FL 326020490

Title: DVP () Delete
Name: GREEN, BETTY
Address: 2100 NE 30TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: DT () Delete
Name: KIGHT, DARRYL
Address: 3RD FLOOR, 12 SE 1ST STREET
City-St-Zip: GAINESVILLE, FL 326016893

Title: DS () Delete
Name: GAUTHIER, DANA
Address: 102 ELMORE HALL, RADIO ROAD
City-St-Zip: GAINESVILLE, FL 32611

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: GREEN, BETTY
Address: PO BOX 454
City-St-Zip: GAINESVILLE, FL 32602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DM () Change (X) Addition
Name: HURLEY, JANE
Address: 2100 NE 30TH AVENUE
City-St-Zip: OCALA, FL 34470

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: SHAAD REHMAN

DP

05/14/2007

Electronic Signature of Signing Officer or Director

Date