

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003094

FILED  
Apr 16, 2009  
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:

C/O JANE HURLEY, CITY OF OCALA  
2100 NE 30TH AVENUE  
OCALA, FL 34470 US

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 454  
GAINESVILLE, FL 32602 US

FEI Number: 20-4542338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REHMAN, SHAAD  
1615 NE 16TH PL  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

HURLEY, JANE  
2100 NE 30TH AVENUE  
OCALA, FL 34470 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: JANE HURLEY

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JANE, HURLEY  
Address: 2100 NE 30TH AVENUE  
City-St-Zip: OCALA, FL 34470 US

Title: VPTD ( ) Delete  
Name: HAWIANE, TIDWELL  
Address: 521 SE 26TH COURT  
City-St-Zip: OCALA, FL 34471 US

Title: T ( ) Delete  
Name: SHAAD, REHMAN  
Address: 1615 NE 16TH PL  
City-St-Zip: GAINESVILLE, FL 32609 US

Title: VPMC ( ) Delete  
Name: MIKE, ZIMMERMAN  
Address: 2100 NE 30TH AVENUE  
City-St-Zip: OCALA, FL 34470 US

Title: S ( ) Delete  
Name: CHRISTY, WINTERS  
Address: PO BOX 1467  
City-St-Zip: GAINESVILLE, FL 32602 US

Title: ML ( ) Delete  
Name: LUCY, ANKEN  
Address: 224 SE 24TH ST  
City-St-Zip: GAINESVILLE, FL 32641 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:

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: SHAAD REHMAN

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date