

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003094

FILED  
Apr 20, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 454  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

PO BOX 5045  
OCALA, FL 34478 US

**FEI Number:** 20-4542338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

Title: T  
Name: RAPIER, TAMI  
Address: 151 SE OSCEOLA AVENUE  
City-St-Zip: OCALA, FL 34471 US

Title: VPMC  
Name: PONKO, BILL  
Address: 3001 SW COLLEGE RD.  
City-St-Zip: OCALA, FL 34474 US

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

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

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:** TAMI RAPIER

T

04/20/2010

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

\_\_\_\_\_  
Date