2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N07000003732

Entity Name: NEIGHBORHOOD ASSOCIATION PRESIDENT'S COUNCIL INC.

Current Principal Place of Business:

414 SOUTH M STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 376
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 26-0277050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVAGE, DAVID
432 SOUTH J STREET
LAKE WORTH, FL 33460 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: CD ( ) Delete
Name: CALHOUN, MICHAEL
Address: 415 NORTH K ST
City-St-Zip: LAKE WORTH, FL 33460

Title: VD ( ) Delete
Name: ILNISKY, MICHAEL
Address: 1426 NORTH K ST
City-St-Zip: LAKE WORTH, FL 33460

Title: DS ( ) Delete
Name: STEVENS, SHARON
Address: 15 GULFSTREAM RD # 706
City-St-Zip: LAKE WORTH, FL 33460

Title: DT ( ) Delete
Name: MITCHELL, JAMES
Address: 414 SOUTH M ST
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: WHITFIELD, BRENT
Address: 202 WELLESLEY DR
City-St-Zip: LAKE WORTH, FL 33460

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: JAMES S MITCHELL DT 04/04/2009

Electronic Signature of Signing Officer or Director — Date