

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006844

FILED
May 01, 2008
Secretary of State

Entity Name: NATION OF THE FORGOTTEN POPULATION INC.

Current Principal Place of Business:

8429 N 39TH ST
2
TAMPA, FL 33604 US

New Principal Place of Business:

5110 SUNRIDGE PALMS DRIVE
TAMPA, FL 33617 US

Current Mailing Address:

8429 N 39TH ST
2
TAMPA, FL 33604 US

New Mailing Address:

5110 SUNRIDGE PALMS DRIVE
TAMPA, FL 33617 US

FEI Number: 74-3220396 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:

LANGSTON, NICHOLAS
8429 N 39TH ST
2
TAMPA, FL, FL 33604 US

Name and Address of New Registered Agent:

LANGSTON, NICHOLAS
5110 SUNRIDGE PALMS DRIVE
TAMPA, FL, FL 33617 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: _____

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LANGSTON, NICHOLAS
Address: 8429 N 39TH ST APT 2
City-St-Zip: TAMPA, FL 33604 US

Title: T () Delete
Name: LANGSTON, NICHOLAS
Address: 8429 N 39TH ST APT 2
City-St-Zip: TAMPA, FL 33604 US

Title: S () Delete
Name: LANGSTON, NICHOLAS
Address: 8429 N 39TH ST APT 2
City-St-Zip: TAMPA, FL 33604 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANGSTON, NICHOLAS
Address: 5110 SUNRIDGE PALMS DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: T (X) Change () Addition
Name: LANGSTON, NICHOLAS
Address: 5110 SUNRIDGE PALMS DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: S (X) Change () Addition
Name: LANGSTON, NICHOLAS
Address: 5110 SUNRIDGE PALMS DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: V () Change (X) Addition
Name: OSCAR, WILLIAMS
Address: 3108 E 33RD AVE
City-St-Zip: TAMPA, FL 33610

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: NICHOLAS LANGSTON

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date