2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N23674

Entity Name: THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA & POOL INSTITUTE, INC.

Current Principal Place of Business:

2811 D TAMIAMI TR
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2811 D TAMIAMI TR
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2856307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, MITCHELL T
258 BANGSBERG RD SE
PORT CHARLOTTE, FL 33952 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:	PP	( ) Delete
Name:	CLAY, ANDREWS	
Address:	2251 URBAN RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	D	( ) Delete
Name:	LANDREGAN, SUSAN	
Address:	2900 DAWN RD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	PATE, DEBORAH	
Address:	8608 BEACH BLVD	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	PD	( ) Delete
Name:	BATTS, JIM	
Address:	1602 3RD ST N	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	( ) Delete
Name:	CLARKSON, JORDON	
Address:	13994-4 BEACH BLVD	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	VP	( ) Delete
Name:	SCOTT, JOHN	
Address:	317 BEACH BLVD	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	

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 for the exemption stated in Section 119.07(3)(i), 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: JIM BATTS PD 04/13/2005
Electronic Signature of Signing Officer or Director — Date