

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23674

FILED
May 06, 2008
Secretary of State

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

Current Principal Place of Business:

2811 TAMIAMI TR
SUITE P
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2811 TAMIAMI TR
SUITE P
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 59-2856307 **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:

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: P () Delete
Name: JOHN, GARNER
Address: 4049 BUCKSKIN TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: ROSWELL, EATON
Address: 308 S PONCE DELEON BLVD
City-St-Zip: JACKSONVILLE, FL 32084

Title: S, T () Delete
Name: DAVID, PRUETTE
Address: 331-8 PARKRIDGE AVE.
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: BATTS, JIM
Address: 1602 3RD ST N
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: JOE, FITZSIMMONS
Address: 891 BLANDING BLVD.
City-St-Zip: ORANGE PARK, FL 32065

Title: D () 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 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: MITCHELL T BROOKS

RA

05/06/2008

Electronic Signature of Signing Officer or Director

Date