

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90380 007 \*\*\*\*61.25



**DOCUMENT # N24314**  
 1. Entity Name  
**GREATER MIAMI CHAPTER OF NSPI, INC.**

Principal Place of Business  
 2811 TAMIAMI TRAIL  
 SUITE P  
 PORT CHARLOTTE, FL 33952 US

Mailing Address  
 2811 TAMIAMI TRAIL  
 SUITE P  
 PORT CHARLOTTE, FL 33952 US



2. Principal Place of Business - No P.O. Box #  
**2555 PORTER LAKE DRIVE**

3. Mailing Address  
**2555 PORTER LAKE DRIVE**

Suite, Apt. #, etc.  
**106**

Suite, Apt. #, etc.  
**106**

04162008 Chg-NP CR2E037 (12/06)

City & State  
**SARASOTA, FL.**

City & State  
**SARASOTA, FL**

4. FEI Number  
**65-0030071**

Applied For  
 Not Applicable

Zip  
**34240**

Country

Zip  
**34240**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROOKS, MITCHELL T**  
**258 BANGSBERG RD**  
**PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent  
 Name  
**MCDEVITT, DANIEL F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2555 PORTER LAKE DRIVE**  
**SUITE 106**  
 City  
**SARASOTA FL** Zip Code  
**34240**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Daniel F. McDevitt** **DANIEL F. MCDEVITT** **ACCOUNTING MANAGER** **4/16/08**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VAN BOWER, BRIAN	
STREET ADDRESS	13145 SW 104 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VAN BOWER, BRIAN	
STREET ADDRESS	13145 SW 104 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ESSIG, DAN	
STREET ADDRESS	1800 NE 151 ST	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ESSIG, DAN	
STREET ADDRESS	1800 NE 151 ST	
CITY-ST-ZIP	MIAMI, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANARO, DOMINICK	
STREET ADDRESS	345 PARK AVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, ALAN	
STREET ADDRESS	938 SWEETGUM VALLEY PL	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, CLAY	
STREET ADDRESS	2243 URBAN RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADCOCK, EVA	
STREET ADDRESS	4660 US 1 NORTH	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGGLEFIELD, SCOTT	
STREET ADDRESS	508 E. COLONIA LANE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alan I. Cooper** **ALAN COOPER** **4/16/08** **407-804-8794**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #