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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90107 050 ****61.25

NONPROFIT

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24328

1. Corporation Name

CHARLOTTE HARBOR CHAPTER OF NSPI, INC.

Principal Place of Business

258 BANGSBERG RD SE
PT CHARLOTTE FL 33952
US

Mailing Address

258 BANGSBERG RD SE
PT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/13/1988

4. FEI Number

65-0127624

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROOKS, MITCHELL T
258 BANGSBERG RD SE
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

D
NAME PERKINS, CLESSON
STREET ADDRESS 18380 PAULSON DR
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE DELETE

DB D
NAME BARONE, BARBARA A
STREET ADDRESS PO BOX 380575 N/A
CITY-ST-ZIP MURDOCK FL 33938-0575

TITLE DELETE

TD
NAME ALLBRIGHT, AGGIE
STREET ADDRESS 21524 DOBBINS ST.
CITY-ST-ZIP PT. CHARLOTTE FL 33954

TITLE DELETE

SD
NAME WALTERS, WALTER
STREET ADDRESS 1580 MARKET CIRCLE UNIT 1
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE DELETE

DP
NAME MCTIQUE, COLIN
STREET ADDRESS 1264 MARKET CIRCLE
CITY-ST-ZIP PT. CHARLOTTE FL 33953

TITLE DELETE

VPO
NAME VOLNEY, BONNIE
STREET ADDRESS 1212 ENTERPRISE DRIVE, UNIT 5A
CITY-ST-ZIP PORT CHARLOTTE FL 33953

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colin T. McTique 4/12/99 941 764 6774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)