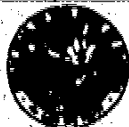


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:17

DOCUMENT # N26264 (4)

1. Corporation Name

NORTH CENTRAL FLORIDA CHAPTER OF NSPI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O CARL J. VON GOEBEN
543 SILVER COURSE CIRCE
OCALA FL 32672

C/O CARL J. VON GOEBEN
543 SILVER COURSE CIRCE
OCALA FL 32672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/11/1988

3a. Date of Last Report
04/18/1994

4. FEI Number
59-2952190

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VON GOEBEN, CARL J.
543 SILVER COURSE CIRCLE
OCALA FL 32672

61 Name

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

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~
NAME ~~HALL, DARRELL L.~~
STREET ADDRESS ~~5712 A. SOUTH SUNCOAST BLVD.~~
CITY-ST-ZIP ~~HOMOSASSA SPRINGS FL 32846~~

1.1 TITLE
1.2 NAME PD Ken Vazquez
1.3 STREET ADDRESS 506 So. Magnolia Ave.
1.4 CITY-ST-ZIP Ocala, Fl. 34474

☒ Change ☐ Addition

TITLE ~~V~~
NAME ~~VAZQUEZ, KEN~~
STREET ADDRESS ~~606 S. MAGNOLIA AVE.~~
CITY-ST-ZIP ~~OCALA, FL 34474~~

2.1 TITLE
2.2 NAME vD
2.3 STREET ADDRESS Connie Ripley
2.4 CITY-ST-ZIP 1708 N.E. 8 th Ave.
Ocala, Fl. 34470

☒ Change ☐ Addition

TITLE ~~T~~
NAME ~~SCOGIA, KEVIN~~
STREET ADDRESS ~~8332 60 TEX POINT~~
CITY-ST-ZIP ~~HOMOSASSA FL~~

3.1 TITLE
3.2 NAME TD
3.3 STREET ADDRESS Randy Taylor
3.4 CITY-ST-ZIP 3535 Maricamp Rd.
Ocala, Fl. 34471

☒ Change ☐ Addition

TITLE ~~S~~
NAME ~~MCHANE, MIKE~~
STREET ADDRESS ~~4708 NE 8TH AVE.~~
CITY-ST-ZIP ~~OCALA FL~~

4.1 TITLE
4.2 NAME sD
4.3 STREET ADDRESS Mike Friis
4.4 CITY-ST-ZIP 816 S. Main Street
Gainesville, Fl. 32601

☒ Change ☐ Addition

TITLE ~~D~~
NAME ~~RIPLY, SCOTT~~
STREET ADDRESS ~~1708 N.E. 8TH AVE.~~
CITY-ST-ZIP ~~OCALA FL 34470~~

5.1 TITLE
5.2 NAME D
5.3 STREET ADDRESS Bob Monteath
5.4 CITY-ST-ZIP 816 S. Main Street
Gainesville, Fl. 32601

☒ Change ☐ Addition

TITLE ~~D~~
NAME ~~LUGAO, BRAD~~
STREET ADDRESS ~~4880 N.W. GAINESVILLE~~
CITY-ST-ZIP ~~OCALA FL 34475~~

6.1 TITLE
6.2 NAME D
6.3 STREET ADDRESS Danny Brantley
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.07(1)(b) 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; and that my signature and name shall have the same legal effect as if made under oath; and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; and that my signature and name shall have the same legal effect as if made under oath; and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; and that my signature and name shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #