FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26264 (4)

1. Corporation Name
NORTH CENTRAL FLORIDA CHAPTER OF NSPI, INC.

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	☐ Change ☒ Addition
NAME	~~HALL, DARRELL L.~~	1.2 NAME	PD Ken Vazquez
STREET ADDRESS	~~5712 A. SOUTH SUNCOAST BLVD.~~	1.3 STREET ADDRESS	506 So. Magnolia Ave.
CITY-ST-ZIP	~~HOMOSASSA SPRINGS FL 32646~~	1.4 CITY-ST-ZIP	Ocala, Fl. 34474
TITLE	~~V~~	2.1 TITLE	☐ Change ☒ Addition
NAME	~~VAZQUEZ, KEN~~	2.2 NAME	VD
STREET ADDRESS	~~506 S. MAGNOLIA AVE.~~	2.3 STREET ADDRESS	Connie Ripley
CITY-ST-ZIP	~~OCALA, FL 34474~~	2.4 CITY-ST-ZIP	1708 N.E. 8 th Ave.
TITLE	~~T~~	3.1 TITLE	Ocala, Fl. 34470 ☐ Change ☒ Addition
NAME	~~SCIGLIA, KEVIN~~	3.2 NAME	TD
STREET ADDRESS	~~6332 SO TEX POINT~~	3.3 STREET ADDRESS	Randy Taylor
CITY-ST-ZIP	~~HOMOSASSA FL~~	3.4 CITY-ST-ZIP	3535 Maricamp Rd.
TITLE	~~S~~	4.1 TITLE	Ocala, Fl. 34471 ☐ Change ☒ Addition
NAME	~~MCSHANE, MIKE~~	4.2 NAME	SD
STREET ADDRESS	~~1708 NE 8TH AVE~~	4.3 STREET ADDRESS	Mike Friis
CITY-ST-ZIP	~~OCALA FL~~	4.4 CITY-ST-ZIP	~~816 S. Main Street~~ ☒ Change ☐ Addition
TITLE	~~D~~	5.1 TITLE	Gainesville, Fl. 32601
NAME	~~RIPLEY, SCOTT~~	5.2 NAME	D
STREET ADDRESS	~~1708 N.E. 8TH AVE.~~	5.3 STREET ADDRESS	Bob Monteath
CITY-ST-ZIP	~~OCALA FL 34470~~	5.4 CITY-ST-ZIP	816 S. Main Street ☒ Change ☐ Addition
TITLE	~~D~~	6.1 TITLE	Gainesville, Fl. 32601
NAME	~~LUCAS, BRAD~~	6.2 NAME	D
STREET ADDRESS	~~4000 N.W. GAINESVILLE~~	6.3 STREET ADDRESS	Danny Brantley
CITY-ST-ZIP	~~OCALA FL 34475~~	6.4 CITY-ST-ZIP	Lecanto, Fl. 34461

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: KEN VAZQUEZ President (904) 622-7201
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

COR.990