FILE NOW: FILING FEE IS $61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 05/11/1988

4. FEI Number: 59-2952190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

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 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 _____ 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	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BIEL, VINCENT		1.2 NAME	
STREET ADDRESS	3700 SW 7 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, OLLIE		2.2 NAME	
STREET ADDRESS	2425 NE 2 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, RANDY		3.2 NAME	
STREET ADDRESS	3822 SE 21 ST PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CIPRIS, MIKE		4.2 NAME	
STREET ADDRESS	125 NE 15 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JOHN		5.2 NAME	
STREET ADDRESS	3700 SW 7 ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FONCANNON, MIKE		6.2 NAME	
STREET ADDRESS	2837 NE 19 DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: RANDOLPH TAYLOR JR QUIRED JANUARY 27, 1998 (352)694-4688