2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N26264

Entity Name: NORTH CENTRAL FLORIDA CHAPTER OF FSPA, INC.

Current Principal Place of Business:

1005 S. FLORIDA AVE
INVERNESS, FL 34450 US

New Principal Place of Business:

1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 US

Current Mailing Address:

1005 S. FLORIDA AVE
INVERNESS, FL 34450 US

New Mailing Address:

1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 US

FEI Number: 59-2952190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTZELL, MARYANN
1005 S. FLORIDA AVE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

PASYANOA, NICHOLAS J
1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 US

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.

SIGNATURE: NICHOLAS J PASYANOS 04/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HECKMAN, JESSE
Address: P.O. BOX 193
City-St-Zip: OCALA, FL 34478

Title: D ( ) Delete
Name: BIEL, VINCE
Address: 202 S.W. 33RD AVENUE
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: MCSHANE, MICHAEL
Address: PO BOX 903
City-St-Zip: SUMMERFIELD, FL 34492

Title: D ( ) Delete
Name: SILLIMAN, STEVE
Address: 210 NW 13 ST
City-St-Zip: OCALA, FL 34475

Title: PD ( ) Delete
Name: TAYLOR, RANDY
Address: 3822 S.E. 21 PLACE
City-St-Zip: OCALA, FL 34471

Title: VD (X) Delete
Name: LOSCIALE, LARRY
Address: 1005 SOUTH US HIGHWAY 41
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MUGGEO, DINO
Address: 3601 NW 97TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: LOSCIALE, LAWRENCE
Address: 1005 S FLORIDA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS J PASYANOS RA 04/27/2006
Electronic Signature of Signing Officer or Director Date