

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26264

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2952190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, ROBIN R
2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CANTO, MIKE
Address: 3601 NW 97TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: PD () Delete
Name: MUGGEO, DINO
Address: 3601 NW 97TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: RIPLEY, CONNIE
Address: 1703 NE 8TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: TD () Delete
Name: LOSCIALE, LAWRENCE
Address: 1005 S FLORIDA AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: TAYLOR, RANDY
Address: 3822 SE 21 PLACE
City-St-Zip: OCALA, FL 34471

Title: ED (X) Delete
Name: TAMMY, HAYSLETT
Address: 11464 SW 131 TERRACE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: TAYLOR, RANDY
Address: 3822 SE 21 PLACE
City-St-Zip: OCALA, FL 34471

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

I hereby certify that the information supplied with this filing does not qualify 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: DINO MUGGEO

SD

03/24/2009

Electronic Signature of Signing Officer or Director

Date