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 17 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26811** **(2)**

1. Corporation Name

NAPM - TAMPA BAY, INC.

Principal Place of Business	Mailing Address
7402 N 56TH ST STE 780 TAMPA FL 33617 US	7402 N 56TH STREET SUITE 780 TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1988**
3a. Date of Last Report: **02/21/1994**
4. FEI Number: **59-1838116** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HILL, JOYCE M
2233 LAUREL OAK DR
VALRICO FL 33594

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	D	11 TITLE	☐ Change ☐ Addition
NAME	OPPERMAN, KARL T	12 NAME	
STREET ADDRESS	9234 90TH ST N	13 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	BERRY, WILLIAM D	22 NAME	VD Emmanuel Wilson
STREET ADDRESS	2002 PLANTATION KEY CIR #304	23 STREET ADDRESS	1 North Dale Mabry Hwy.
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	Tampa, FL 33609-2700
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	HERBINGER, DOROTHY A	32 NAME	VD Steven M. Long
STREET ADDRESS	5708 IMPERIAL KEY	33 STREET ADDRESS	9238 Pebble Creek Dr.
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, FL 33647
TITLE	VD	41 TITLE	☒ Change ☐ Addition
NAME	CIARAVELLA, SAL J	42 NAME	PD
STREET ADDRESS	29350 RHODIN PL	43 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MACEDA, JOSEPH P	52 NAME	
STREET ADDRESS	5227 SPIKE HORN DR	53 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	BLAIR, WILLIAM	62 NAME	
STREET ADDRESS	5175 97TH WAY, N	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an asterisk.

SIGNATURE: Sal Ciaravella Sal Ciaravella, Jr. 3/28/95 (813) 251-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014890