## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30686

FILED May 06, 2008 Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER, NSPI, INC.

	rincipal Place of Business:	New Principal Place of Business:	
2811 TAM	IAMI TR.		
SUITE P PT CHAR	LOTTE, FL 33952 US		
Current M	lailing Address:	New Mailing Address:	
2811 TAM	IAMI TR		
SUITEP	LOTTE, FL 33952 US		
n accordan	: 59-1679812 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation di	•	, ,
lame and	d Address of Current Registered Agent	Name and Address of New Registered Agen	t:
258 BANG	MITCHELL T SSBERG RD SE ARLOTTE, FL 33952 US		
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered ager	nt, or both,
SIGNATU	RE:		
	Electronic Signature of Registered	Agent Date	
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR
itle: lame: ddress: :ity-St-Zip:	T () Delete MARTIN, GARY 6088 TAYLOR ROAD NAPLES, FL 34109	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
		Tiller	
itle: lame: .ddress: city-St-Zip:	P () Delete SCOTT, JERRY PO BOX 1804 SANIBEL ISLAND, FL 33957	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
lame: .ddress:	SCOTT, JERRY PO BOX 1804	Name: Address:	
lame: .ddress: city-St-Zip: itle: lame: .ddress:	SCOTT, JERRÝ PO BOX 1804 SANIBEL ISLAND, FL 33957  DVP ( ) Delete MOOMJIAN, WAYNE 720 NE 25TH AVENUE, SUITE 13	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	
lame: .ddress: city-St-Zip: ittle: lame: .ddress: city-St-Zip: ittle: lame: .ddress:	SCOTT, JERRY PO BOX 1804 SANIBEL ISLAND, FL 33957  DVP ( ) Delete MOOMJIAN, WAYNE 720 NE 25TH AVENUE, SUITE 13 CAPE CORAL, FL 33909  S ( ) Delete MARTIN, GARY 6088 TAYLOR ROAD	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	

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: MITCHELL T BROOKS RA 05/06/2008