

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46450 (5)

1. Corporation Name

NATIONAL DELPHI AUTOMATION TECHNOLOGY ADVISORY GROUP, INC.



Principal Place of Business

Mailing Address

1633 EAST VINE STREET
206
KISSIMMEE FL 34744
US

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206
KISSIMMEE FL 34744
US

3. Date Incorporated or Qualified
12/12/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3096428

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☒ No

25

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26

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GINKEL, KATHERINE C.
1633 EAST VINE STREET
SUITE 206
KISSIMMEE FL 34744**

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

Katherine C Ginkel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOYNIHAN, CHARLES
STREET ADDRESS 3502 JAMES ST
CITY-ST-ZIP SYRACUSE NY ☐ DELETE

TITLE SD
NAME ENIS, ERIC
STREET ADDRESS 3005 DOUGLAS RD
CITY-ST-ZIP TOLEDO OH ☐ DELETE

TITLE DVP
NAME NELSON, KENDALL
STREET ADDRESS 446 S HWY 400 E
CITY-ST-ZIP SALT LAKE CITY UT ☐ DELETE

TITLE AT
NAME GINKEL, KATHERINE C
STREET ADDRESS 5306 FOREST BREEZE COURT
CITY-ST-ZIP ST. CLOUD FL ☐ DELETE

TITLE TD
NAME FANNIN, SUZAN
STREET ADDRESS P O BOX 6745 N/A
CITY-ST-ZIP LUBBOCK TX ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DOLOW, KATHRYN J
1.3 STREET ADDRESS 3044 S. Military Trail
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463 ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME Ramona Anderson
2.3 STREET ADDRESS 335 Tree garden ST
2.4 CITY-ST-ZIP Yuba City, CA 95991 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Katherine C Ginkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine C Ginkel

DATE

407-932-0084
Daytime Phone

CR2E037 (12/95)