

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001940

Entity Name: NPMA FOUNDATION, INC.

FILED
Mar 27, 2006
Secretary of State

Current Principal Place of Business:

1102 PINEHURST ROAD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1102 PINEHURST ROAD
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3203441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLAG, BONNIE J
1102 PINEHURST ROAD
DUNEDIN, FL 34698 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: P () Delete
Name: HAY, MICHAEL L
Address: 805 POST OAK CIRCLE
City-St-Zip: CEDAR PARK, TX 78613 US

Title: V () Delete
Name: CROSS, CHERI L
Address: 11216 CONCORD WOODS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: D () Delete
Name: WHITSON, MARCIA D
Address: 4137 W BEAVER CREEK DRIVE
City-St-Zip: POWELL, TN 37849 US

Title: D () Delete
Name: STEPHENS, LORIL T
Address: 4100 SOUTH 7900 WEST BLDG #55
City-St-Zip: MAGNA, UT 84044 US

Title: T () Delete
Name: MCFARLAND, KATHRYN G
Address: 10847 65TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: D () Delete
Name: JACKLETS, PATRICIA L
Address: 59 LUMUR DRIVE
City-St-Zip: SAYVILLE, NY 11782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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Address:
City-St-Zip:

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: MICHAEL L HAY

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date