

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 19, 2006
Secretary of State

DOCUMENT# N93000001940

Entity Name: NPMA FOUNDATION, INC.

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:**JOHNSON, FELICIA M
1102 PINEHURST ROAD
DUNEDIN, FL 34698 US

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: FELICIA M JOHNSON

05/19/2006

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 USTitle: V () Delete
Name: CROSS, CHERI L
Address: 11216 CONCORD WOODS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 USTitle: D () Delete
Name: WHITSON, MARCIA D
Address: 4137 W BEAVER CREEK DRIVE
City-St-Zip: POWELL, TN 37849 USTitle: D () Delete
Name: STEPHENS, LORIL T
Address: 4100 SOUTH 7900 WEST BLDG #55
City-St-Zip: MAGNA, UT 84044 USTitle: T () Delete
Name: MCFARLAND, KATHRYN G
Address: 10847 65TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782 USTitle: 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:
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City-St-Zip:Title: () Change () Addition
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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

05/19/2006

Electronic Signature of Signing Officer or Director

Date