2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# N93000001940

Entity Name: NPMA FOUNDATION, INC.

Current Principal Place of Business:

28100 U.S. HIGHWAY 19 NORTH
SUITE 400
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28100 U.S. HIGHWAY 19 NORTH
SUITE 400
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3203441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NESBITT, PAUL D
28100 U.S. HIGHWAY 19 NORTH
SUITE 400
CLEARWATER, FL 33761 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: CROSS, CHERI L
Address: 11216 CONCORD WOODS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: V ( ) Delete
Name: MICHELSEN, STEPHEN J
Address: 424 N. WASHINGTON ST
City-St-Zip: ALEXANDRIA, VA 22314 US

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

Title: D ( ) Delete
Name: NESBITT, PAUL D
Address: 19120 CENTRE ROSE BLVD
City-St-Zip: LUTZ, FL 33558 US

Title: T ( ) Delete
Name: TEIGEN, PETER M
Address: 6483 NW 106 TERRACE
City-St-Zip: PARKLAND, FL 33076 US

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:

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 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: PAUL NESBITT DIR 05/06/2008

Electronic Signature of Signing Officer or Director — Date