



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90180 024 ****61.25

DOCUMENT # N96000005906					
1. Entity Name NARPM CHAPTER CORPORATION - SPRING HILL CHAPTER					
Principal Place of Business C/O DAVID R. CARTER 5308 SPRING HILL DRIVE SPRING HILL, FL 34606			Mailing Address C/O DAVID CARTER 5308 SPRING HILL DR SPRING HILL, FL 34606 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03192007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3432537				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, DAVID R 5308 SPRING HILL DRIVE SPRING HILL, FL 34606			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TD NAME WILSON, LINDA A STREET ADDRESS C/O 3519 COMMERCIAL WAY CITY-ST-ZIP SPRING HILL, FL 34606	<input type="checkbox"/> Delete				
TITLE PD NAME RINALDI, MARY STREET ADDRESS P.O. BOX 628 CITY-ST-ZIP PORT RICHEY, FL 34668	<input type="checkbox"/> Delete				
TITLE SD NAME HESS, ELLIE STREET ADDRESS 12855 SPRING HILL DR. CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Delete				
TITLE VPD NAME ANKERS, SALLY STREET ADDRESS 5455 SPRING HILL DR CITY-ST-ZIP SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete				
TITLE VPD NAME RHOADES, JESSICA STREET ADDRESS 15005 COLTAGE BLVD CITY-ST-ZIP BROWNSVILLE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary A. Rinaldi</u> <u>President</u> <u>3/19/07</u> <u>727-849-9844</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					