

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005906

FILED
Oct 12, 2009
Secretary of State

Entity Name: NARPM CHAPTER CORPORATION - SPRING HILL CHAPTER

Current Principal Place of Business:

C/O DAVID R. CARTER
5308 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

C/O DAVID CARTER
5308 SPRING HILL DR
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-3432537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARTER, DAVID R
5308 SPRING HILL DRIVE
SPRING HILL, FL 34606 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: DAVID R. CARTER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WILSON, LINDA A
Address: C/O 3519 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: PD () Delete
Name: RINALDI, MARY
Address: P.O. BOX 628
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: GHAEDI, LYNDA
Address: 13145 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34609

Title: VPD () Delete
Name: ANKERS, SALLY
Address: 5455 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: RINALDI, MARY A
Address: P.O. BOX 628
City-St-Zip: PORT RICHEY, FL 34668

Title: VPD (X) Change () Addition
Name: GHAEDI, LYNDA
Address: 13145 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34609

Title: SD (X) Change () Addition
Name: ANKERS, SALLY J
Address: 5455 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34606

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: MARY A. RINALDI

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10/12/2009

Electronic Signature of Signing Officer or Director

Date