

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90125 039 ****61.25

DOCUMENT # N96000006133

1. Corporation Name

NIAP, INC.

Principal Place of Business
7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835

Mailing Address
7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3472745

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bowers
PAGE, JACQUELYN T
7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835

81 Name JACQUELYN T. BOWERS

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
CEOM
PAGE, JACQUELYN T
STREET ADDRESS
7807 ST. ANDREWS CIRCLE
CITY-ST-ZIP
ORLANDO FL 32835

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Jacquelyn T. Bowers

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D
WISE, TAWANNA S
STREET ADDRESS
325 WILD FOREST DRIVE
CITY-ST-ZIP
DAVENPORT FL 33837

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
D
HAYNES, SYLVIA L
STREET ADDRESS
4434 CEPEDA STREET
CITY-ST-ZIP
ORLANDO FL 32811

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
D
JOHNSON, JAMILLAH
STREET ADDRESS
4568 CAL CT.
CITY-ST-ZIP
ORLANDO FL 32808

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

4/9/99

DATE

(407) 294-8535

Daytime Phone #

CR2E037 (11/98)

0018372