

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000111

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, INC.

**Current Principal Place of Business:**

2304 KILLEARN CENTER BOULEVARD  
SUITE B  
TALLAHASSEE, FL 323083524

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 142134  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 59-2943863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, PAMELA A.  
2304 KILLEARN CENTER BLVD., STE. B  
TALLAHASSEE, FL 32309 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: D ( ) Delete  
Name: LEWIS, JAMES (JIM)  
Address: 4010 NW 34TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D ( ) Delete  
Name: HARBILAS, WILLIAM (BILL)  
Address: 2922 NW 38TH STREET  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: T ( ) Delete  
Name: GILLIS, CAROL  
Address: 4222 NW 73RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P ( ) Delete  
Name: VOGEL, KATHERINE  
Address: 3745 NW 64TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: S ( ) Delete  
Name: WIGGINS, LAURA  
Address: 6709 SW 84TH STREET  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PCPE ( ) Delete  
Name: KELLY, BRIAN  
Address: 7912 SW 85TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: TAYLOR, LISA  
Address: 4700 SW ARCHER ROAD, #E-39  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: PCPE (X) Change ( ) Addition  
Name: THOMSON, MARGARET  
Address: 9124 SW 51ST ROAD, #B301  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T (X) Change ( ) Addition  
Name: WIGGINS, LAURA  
Address: 6709 SW 84TH STREET  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: P (X) Change ( ) Addition  
Name: KELLY, BRIAN  
Address: 7912 SW 85TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

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: LAURA E. WIGGINS

T

04/14/2008

Electronic Signature of Signing Officer or Director

Date