

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000111

FILED
Jan 16, 2009
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:

5745 SW 75TH ST, 255
GAINESVILLE, FL 32608

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VOGEL ANDERSON, KATHERINE
Address: 3745 NW 64TH PLACE
City-St-Zip: GAINESVILLE, FL 32653 US

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

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

Title: PCPE (X) Change () Addition
Name: LOUZON, PAIGE
Address: 7693 SW 57TH LANE, #259
City-St-Zip: GAINESVILLE, FL 32608 US

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

Title: PP (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 WIGGINS

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date