

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 021 ****61.25

DOCUMENT # N99000000463

1. Entity Name

NAPM-FLORIDA SUN COAST, INC.



Principal Place of Business

5967 CAMELOT DR. N
C/O BILL MEADE
SARASOTA FL 34233

Mailing Address

5967 CAMELOT DR. N
C/O BILL MEADE
SARASOTA FL 34233

94071000



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0910136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEADE, BILL
5967 CAMELOT DR. N
SARASOTA FL 34233

7. Name and Address of New Registered Agent

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

Bill Meade, C.R.M., A.P.P.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALEXANDER, CHERI
STREET ADDRESS 25313 DORIDO DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ED ☐ Delete
NAME BATES, SHERRA
STREET ADDRESS 16500 SLATER ROAD, #41
CITY-ST-ZIP FORT MYERS FL 33917

TITLE D ☐ Delete
NAME BOERS, PETER
STREET ADDRESS 9051 LIGHTNING BUG COURT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE TDWB ☐ Delete
NAME COLON, HELIZA
STREET ADDRESS 4245 EVANS AVE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE MEADE, BILL ☐ Delete
NAME MEADE, BILL
STREET ADDRESS 5967 CAMELOT DR. N
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME COLON, MELIZA
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Bill Meade, C.R.M., A.P.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

941-915-2151

Daytime Phone #