## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N99000000463

NAPM-FLORIDA SUN COAST, INC.

Principal Place of Business



Mailing Address

**FILED** Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90247 013 \*\*\*\*61.25

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| 5967 CAMELOT DR. N<br>C/O BILL MEADE<br>SARASOTA, FL 34233   |  | 5967 CAMELOT DR. N<br>C/O BILL MEADE<br>SARASOTA, FL 34233 |   |  |  |  |            |            |
|--|--|--|---|--|--|--|------------|------------|
| 2. Principal Place of Business 3.  |  | 3. Mailing Address   | . Mailing Address   |  |  |  |            |            |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | 02152005 Chg-NP CR2E037 (10/03)  |  |            |            |
| City & State   |  | City & State   |   | 4. FEI Number Applied For 65-0910136 Not Applicable  |  |  |            |            |
| Zìp  | Country  | Zip  | Zip Cou   |  | 5. Certificate of St   | 5. Certificate of Status Desired S8.75 Additional Fee Required |            | litional   |
|  | 6. Name and Address of Current   | Registered Agent   |   | 7. Name and Address of New Registe   |  |  |            |            |
|  |  |  | <del></del>   | Name   |  |  |            |            |
| MEADE, BILL<br>5967 CAMELOT DR. N<br>SARASOTA, FL 34233  |  |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |  |            |            |
| SARASOI  | A, FL 34233  |  |   |  |  |  |            |            |
|  |  |  |   | 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 obligat  | ions of registered agent.  |  |   |  |  |  |            |            |
| CICNATURE  |  |  |   |  |  |  |            |            |
| SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE                               |  |  |   |  |  |  |            |            |
|  | Filing Fee is \$61.25<br>Due by May 1, 2005  |  | 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 DIF   | RECTORS  | 11.   |  | ADDITIONS/CHANG  | ES TO OFFICERS AND DIF   | RECTORS IN | 10         |
| TITLE  | D<br>ALEXANDER, CHERI  | ☐ Delete   | TITLI   |  |  |  | Change     | Addition   |
| NAME<br>STREET ADDRESS   | 25313 DORIDO DRIVE   |  | NAM<br>STRE   | EET ADDRESS  |  |  |            |            |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33955  |  |   | -ST-ZIP  |  |  |            |            |
| TITLE  | P  | ☐ Delete   | TITLE   | E  |  |  | ☐ Change   | ☐ Addition |
| NAME   | BATES, SHERRA  |  | NAM   | 1E   |  |  |            | _          |
| STREET ADDRESS   | 16500 SLATER ROAD, #41   |  | STRE  | EET ADDRESS  |  |  |            |            |
| CITY-ST-ZIP  | FORT MYERS, FL 33917   |  | OVE   | <b>I</b>   |  |  |            |            |
| TITLE  | VD   |  |   | -ST-ZIP  |  | <u></u>  |            |            |
| NAME   | VP<br>BOERS PETER  | ☐ Delete   | TITL  | '-ST-ZIP<br>E  |  | i sanaran ing menjada sa                                       | Change     | Addition   |
| NAME<br>STREET ADDRESS   | VP<br>BOERS, PETER<br>9051 LIGHTNING BUG COURT   | ☐ Delete   | TITLI<br>NAM  | '-ST-ZIP<br>E  | -  |  | ☐ Change   | Addition   |
|  | BOERS, PETER   | ☐ Delete   | TITLI<br>NAM<br>· STRE  | -ST-ZIP<br>E<br>IE   |  |  | Change     | Addition   |
| STREET ADDRESS   | BOERS, PETER<br>9051 LIGHTNING BUG COURT<br>FORT MYERS, FL 33919<br>VP   | ☐ Delete   | TITLI<br>NAM<br>· STRE  | E EET ADDRESS  | - ,  |  | ☐ Change   | Addition   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME  | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919 VP COLON, MELIZA  |  | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM  | -ST-ZIP  EET ADDRESS  '-ST-ZIP  E  |  |  |            |            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919 VP COLON, MELIZA 4245 EVANS AVE   |  | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE  | -ST-ZIP  EET ADDRESS  '-ST-ZIP  E  EET ADDRESS   |  |  |            |            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919 VP COLON, MELIZA 4245 EVANS AVE FORT MYERS, FL 33901                                    | □ Delete   | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE<br>CITY  | -ST-ZIP  E EET ADDRESS -ST-ZIP  E EET ADDRESS (-ST-ZIP)  | -  |  | ☐ Change   | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919 VP COLON, MELIZA 4245 EVANS AVE   |  | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE  | -ST-ZIP  E EET ADDRESS '-ST-ZIP  E BEET ADDRESS '-ST-ZIP  EET ADDRESS '-ST-ZIP  E  | -  |  |            |            |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919 VP COLON, MELIZA 4245 EVANS AVE FORT MYERS, FL 33901 T                                  | □ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM NAM   | -ST-ZIP  E EET ADDRESS '-ST-ZIP  E BEET ADDRESS '-ST-ZIP  EET ADDRESS '-ST-ZIP  E  |  |  | ☐ Change   | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919  VP COLON, MELIZA 4245 EVANS AVE FORT MYERS, FL 33901  T MEADE, BILL                    | □ Delete   | TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE CITY TITLL NAM STRE                                    | E ST-ZIP  E SEET ADDRESS 7-ST-ZIP  E SEET ADDRESS 7-ST-ZIP  E SEET ADDRESS 7-ST-ZIP  E SEET ADDRESS                            | . ,  |  | ☐ Change   | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919  VP COLON, MELIZA 4245 EVANS AVE FORT MYERS, FL 33901  T MEADE, BILL 5967 CAMELOT DR. N | □ Delete   | TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE                     | F-ST-ZIP  E EET ADDRESS F-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E |  | ,  | ☐ Change   | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                      | BOERS, PETER 9051 LIGHTNING BUG COURT FORT MYERS, FL 33919  VP COLON, MELIZA 4245 EVANS AVE FORT MYERS, FL 33901  T MEADE, BILL 5967 CAMELOT DR. N | ☐ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM NAM STRE CITY       | E E E E E E E E E E E E E E E E E E E  |  |  | ☐ Change   | Addition   |
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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: William MEADE TRUASURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-915-2151