## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001618

Entity Name: NACM-ICPC PAC, INC.

MEEKER, WILLIAM

TAMPA, FL 33622

5521 W CYPRESS ST #200

Name:

Address:

City-St-Zip:

FILED Mar 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5521 W. CYPRESS ST. SUITE 200 TAMPA, FL 33607 **New Mailing Address: Current Mailing Address:** 5521 W. CYPRESS ST. SUITE 200 TAMPA, FL 33607 FEI Number: 59-3564636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEEKER, WILLIAM 5521 W. CYPRESS ST. SUITE 200 TAMPA, FL 33607 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LINLEY, GEORGE Name: Name: 1501 BELVEDERE RD. Address: Address: City-St-Zip: W. PALM BEACH, FL 33406 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: SACHER, TOM Name: Address: 2339 BEVILLE ROAD Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: () Delete Title: () Change () Addition MINTON, KENNETH L Name: Name: Address: P.O. BOX 31965 Address: City-St-Zip: TAMPA, FL 336313965 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: TAYLOR, LESLIE Name: P.O. BOX 15436 Address: Address: City-St-Zip: TAMPA, FL 33684 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM D. MEEKER JR S 03/04/2005