

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90996 005 ****61.25

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1. Entity Name
EAST CENTRAL FLORIDA CHAPTER OF NIGP, INC.



Principal Place of Business
**902 AIRPORT RD
MERRITT ISLAND, FL 32952**

Mailing Address
**902 AIRPORT RD
MERRITT ISLAND, FL 32952**

94066496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3611992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBERT, DEBRA
902 AIRPORT RD
MERRITT ISLAND, FL 32952**

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME SCHNEIDER, DENISE
STREET ADDRESS 445 W. AMELIA ST., STE 800
CITY-ST-ZIP ORLANDO, FL 32801

TITLE PD ☐ Change ☒ Addition
NAME OLSON, CHERYL
STREET ADDRESS 123 W. INDIANA AVE.
CITY-ST-ZIP DELAND, FL 32720

TITLE VPT ☒ Delete
NAME RAIFORD, MARK
STREET ADDRESS 2010 GRIFFIN RD.
CITY-ST-ZIP LEESBURG, FL 34748

TITLE V ☐ Change ☒ Addition
NAME MILLER, CARRIE
STREET ADDRESS 2010 GRIFFIN ROAD
CITY-ST-ZIP LEESBURG, FL 34748

TITLE ST ☐ Delete
NAME JOHNSON, GALE
STREET ADDRESS 400 E. SOUTH ST.
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE DT ☐ Delete
NAME LAMBERT, DEBRA
STREET ADDRESS 902 AIRPORT RD
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Debra D. Lambert

Debra D. Lambert

4-21-04 321-455-1359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #