2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N99000006338

Entity Name: CENTRAL FLORIDA CHAPTER OF NIGP, INC.

Current Principal Place of Business:

123 W. INDIANA AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

123 W. INDIANA AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3611992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, DEBRA
902 AIRPORT RD
MERRITT ISLAND, FL 32952 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:	PD	( ) Delete
Name:	OLSON, CHERYL	
Address:	123 W INDIANA AVE	
City-St-Zip:	DELAND, FL 32720	
Title:	V	( ) Delete
Name:	MILLER, CARRIE	
Address:	2010 GRIFFIN RD.	
City-St-Zip:	LEESBURG, FL 34748	
Title:	ST	( ) Delete
Name:	JOHNSON, GALE	
Address:	400 E. SOUTH ST.	
City-St-Zip:	ORLANDO, FL 32801	
Title:	DT	( ) Delete
Name:	LAMBERT, DEBRA	
Address:	902 AIRPORT RD	
City-St-Zip:	MERRITT ISLAND, FL 32952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	ALVAREZ, JILL	
Address:	P.O. BOX 958445	
City-St-Zip:	LAKE MARY, FL 32795	

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.

SIGNATURE: DEBRA D LAMBERT RA 01/25/2005

Electronic Signature of Signing Officer or Director — Date