## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006338

Name:

Address:

City-St-Zip:

ALVAREZ, JILL

P.O. BOX 958445

LAKE MARY, FL 32795

FILED Mar 24, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF NIGP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 123 W. INDIANA AVE. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 123 W. INDIANA AVE. DELAND, FL 32720 FEI Number: 59-3611992 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LAMBERT, DEBRA ALVAREZ, JILL J 902 AIRPORT RD 100 N COÚNTRY CLUB RD MERRITT ISLAND, FL 32952 US LAKE MARY, FL 32746 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: JILL J. ALVAREZ 03/24/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OLSON, CHERYL Name: Name: 123 W INDIANA AVE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: MILLER, CARRIE Name: MILLER, CARRIE Address: 2010 GRIFFIN RD. Address: 1200 E MOODY BLVD City-St-Zip: LEESBURG, FL 34748 City-St-Zip: BUNNELL, FL 32210 Title: () Delete Title: (X) Change ( ) Addition JOHNSON, GALE MARSALA, BOBBYE Name: Name: 400 E. SOUTH ST. 120 MALABAR RD SE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: PALM BAY, FL 32907 Title: DT ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JILL J. ALVAREZ **TREA** 03/24/2006