

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

01-17-2003 90136 004 ****61.25

DOCUMENT # N99000006338

1. Entity Name

EAST CENTRAL FLORIDA CHAPTER OF NIGP, INC.



Principal Place of Business

Mailing Address

**902 AIRPORT RD
MERRITT ISLAND FL 32952**

**902 AIRPORT RD
MERRITT ISLAND FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3611992**

Applied For

Not Applicable

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

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **IRVIN, CHARLES**
STREET ADDRESS **1101 E 1ST ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **DVP** ☒ Delete
NAME **IODER, SUSAN**
STREET ADDRESS **400 E SOUTH ST 2ND FLOOR**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DS** ☒ Delete
NAME **ROMINE, LINDA**
STREET ADDRESS **200 NORTH CLARA AVE**
CITY-ST-ZIP **DELAND FL 32721**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DENISE SCHNEIDER**
STREET ADDRESS **445 W. AMELIA STREET, SUITE 800**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **MARK RAIFORD**
STREET ADDRESS **2010 GRIFFIN ROAD**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **GALE JOHNSON**
STREET ADDRESS **400 E. SOUTH STREET**
CITY-ST-ZIP **ORLANDO, FL 32801**

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

TITLE ☐ Change ☐ Addition
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:

REQUIRED

1-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)