

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086783

Entity Name: NORTH PARK CENTER, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

12360 66TH STREET NORTH  
LARGO, FL 33773

## New Principal Place of Business:

600 DRUID RD E  
CLEARWATER, FL 33756

## Current Mailing Address:

12360 66TH STREET NORTH  
LARGO, FL 33773

## New Mailing Address:

600 DRUID RD E  
CLEARWATER, FL 33756

FEI Number: 59-3472354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, LENORE  
12360 66TH STREET NORTH  
LARGO, FL 33773 US

## Name and Address of New Registered Agent:

JACOBS, LENORE  
600 DRUID RD E  
CLEARWATER, FL 33756 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOYLES, MICHAEL S  
Address: 12360 66TH STREET NORTH  
City-St-Zip: LARGO, FL 33773

Title: VD ( ) Delete  
Name: MOYLES, ASHLEY E  
Address: 12360 66TH STREET NORTH  
City-St-Zip: LARGO, FL 33773

Title: STD ( ) Delete  
Name: MOYLES, NATALIE J  
Address: 12360 66TH STREET NORTH  
City-St-Zip: LARGO, FL 33773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOYLES, MICHAEL S  
Address: 600 DRUID RD E  
City-St-Zip: LARGO, FL 33773

Title: VD (X) Change ( ) Addition  
Name: MOYLES, ASHLEY E  
Address: 600 DRUID RD E  
City-St-Zip: CLEARWATER, FL 33756

Title: STD (X) Change ( ) Addition  
Name: MOYLES, NATALIE J  
Address: 600 DRUID RD E  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S MOYLES

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date