

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001618

**Entity Name:** NACM-ICPC PAC, INC.**Current Principal Place of Business:**5521 W. CYPRESS ST.  
SUITE 200  
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 22827  
TAMPA, FL 33622**FEI Number:** 59-3564636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEEKER, WILLIAM  
5521 W. CYPRESS ST.  
SUITE 200  
TAMPA, FL 33607 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	ST
Name	MEEKER, WILLIAM
Address	5521 W CYPRESS ST #200
City-State-Zip:	TAMPA FL 33622

Title	VD
Name	WRIGHT, MIKE
Address	6701 90TH AVENUE NORTH
City-State-Zip:	PINELLAS PARK FL 33782

Title	PD
Name	MARINO, LORI
Address	7700 CONGRESS AVE STE 3109
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	PIVOWAR, JOHN
Address	455 FAIRWAY DR #200
City-State-Zip:	DEERFIELD FL 33441

Title	D
Name	MULLINS, WADE
Address	P.O. BOX 11
City-State-Zip:	BRANDON FL 33509-0011

Title	D
Name	REBESCHER, JOHN
Address	2151 W. HILLSBORO BLVD
City-State-Zip:	DEERFIELD BEACH FL 33442

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM MEEKER

ST

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date