2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N01000002720

Entity Name: FLORIDA CHAPTER OF AFCC, INC.

Current Principal Place of Business:

4501 TAMIAMI TR. N. #200
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4501 TAMIAMI TR N. #200
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1101147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MATHESON, ROBERT
4501 TAMIAMI TR N. #200
NAPLES, FL 34103 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: PRES ( ) Delete
Name: FIELDSTONE, LINDA
Address: 175 NW 1ST AV
City-St-Zip: MIAMI, FL 33128

Title: SECY ( ) Delete
Name: BLANTON, NANCY
Address: PO BOX 2995
City-St-Zip: LAKE CITY, FL 32025

Title: PE ( ) Delete
Name: CARTER, DEBORAH
Address: 6016-26TH ST. #2
City-St-Zip: BRADINGTON, FL 34209

Title: VP ( ) Delete
Name: MCGOWAN, MERCEDES PHD
Address: 482 JACKSONVILLE DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete
Name: MATHESON, ROBERT CPA
Address: 4501 TAMIAMI TR N #200
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: FIELDSTONE, LINDA
Address: 175 NW 1ST AV
City-St-Zip: MIAMI, FL 33128

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: CARTER, DEBORAH
Address: 6016-26TH ST. #2
City-St-Zip: BRADINGTON, FL 34209

Title: PE (X) Change ( ) Addition
Name: MCNEAL, RAYMOND HON
Address: 110 NW FIRST AV
City-St-Zip: OCALA, FL 34475

Title: TREA (X) Change ( ) Addition
Name: MATHESON, ROBERT CPA
Address: 4501 TAMIAMI TR N #200
City-St-Zip: NAPLES, FL 34103

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.

SIGNATURE: ROBERT MATHESON TREA 07/03/2006

Electronic Signature of Signing Officer or Director — Date