

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010173

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Entity Name:** THE NATIONAL COMMUNITY NETWORK & COALITION OF HIGHLANDS, INC

**Current Principal Place of Business:**

917 SOUTH A AVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

917 SOUTH A AVE  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 27-1151849      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JONES, FRANK P REV.  
917 SOUTH A AVE  
AVON PARK, FL 33825      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: P  
Name: JONES, FRANK P REV.  
Address: 917 SOUTH A AVE  
City-St-Zip: AVON PARK, FL 33825 US

Title: VP  
Name: JORDAN, EGERIA F  
Address: 950 EAST 4TH WALK APT. 11B  
City-St-Zip: NEW YORK, NY 10009 US

Title: S  
Name: WILLIAMS, ELLA E  
Address: 206 E. JOE HILTON STREET  
City-St-Zip: AVON PARK, FL 33825 US

Title: T  
Name: FLOOD-CLARKSON, LUJUANA M  
Address: 46 THRUSH DRIVE  
City-St-Zip: BRENTWOOD, NY 11717 US

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: FRANK PAUL JONES

PRES

01/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date