

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11477

FILED
Apr 27, 2005
Secretary of State

Entity Name: NSA/CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PO BOX 941172
MAITLAND, FL 327941172 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 941172
MAITLAND, FL 327941172 US

New Mailing Address:

FEI Number: 74-2422644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICKMAN, DAVID
7853 GUNN HIGHWAY
#393
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

KABACHNICK, TERRI
10810 72ND ST STE 207
SEMINOLE, FL 33777 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: TERRI KABACHNICK

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KABACHNICK, TERRI
Address: 10810 72ND ST STE 207
City-St-Zip: SEMINOLE, FL 33777

Title: D () Delete
Name: PETERS, ED
Address: 146 SECOND ST N STE 10
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: GLICKMAN, DAVID
Address: 7853 GUNN HIGHWAY #393
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: CUTTING, DONNA
Address: 740 38TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KROSKY, CINDY
Address: 8003 KENWOOD AVENUE
City-St-Zip: FT. PIERCE, FL 34951

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRI KABACHNICK

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date