2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# N11477

Entity Name: NSA/CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PO BOX 941172
MAITLAND, FL 327941172 US

New Principal Place of Business:

PO BOX 273228
TAMPA, FL 336883228 US

Current Mailing Address:

PO BOX 941172
MAITLAND, FL 327941172 US

New Mailing Address:

PO BOX 273228
TAMPA, FL 336883228 US

FEI Number: 74-2422644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONTGOMERY, NANCY D
10317 LAKE CARROLL WAY
TAMPA, FL 33618 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: NANCY D. MONTGOMERY 03/06/2006
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: KROSKY, CINDY
Address: 8003 KENWOOD AVENUE
City-St-Zip: FT. PIERCE, FL 34951

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: PRES (X) Change ( ) Addition
Name: CUTTING, DONNA
Address: PO BOX 76461
City-St-Zip: ST. PETERSBURG, FL 337346461

Title: V (X) Change ( ) Addition
Name: TIMMONS, DAVE
Address: PO BOX 340025
City-St-Zip: TAMPA, FL 336940025

Title: D (X) Change ( ) Addition
Name: KROSKY, CINDY
Address: PO BOX 65119
City-St-Zip: VERO BEACH, FL 329651119

Title: D (X) Change ( ) Addition
Name: KABACHNICK, TERRI
Address: 10810 72ND ST. SUITE 207
City-St-Zip: LARGO, FL 33777

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: DONNA CUTTING P 03/06/2006
Electronic Signature of Signing Officer or Director Date