2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11477

Entity Name: NSA/CENTRAL FLORIDA, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 273228 10317 LAKE CARROLL WAY TAMPA, FL 336883228 US TAMPA, FL 33618

Current Mailing Address: 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 (X)

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

MONTGOMERY, NANCY D 10317 LAKE CARROLL WAY TAMPA, FL 33618

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

PRES () Delete

CUTTING, DONNA Name: PO BOX 76461 Address:

City-St-Zip: ST. PETERSBURG, FL 337346461

Title: () Delete Name: TIMMONS, DAVE Address: PO BOX 340025 City-St-Zip: TAMPA, FL 336940025

Title: () Delete KROSKY, CINDY Name: Address: PO BOX 65119

City-St-Zip: VERO BEACH, FL 329651119

() Delete Title: Name: KABACHNICK, TERRI

Address: 10810 72ND ST. SUITE 207 City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition

KROSKY, CINDY Name: Address: PO BOX 651119 City-St-Zip: VERO BEACH, FL 32965

Title: (X) Change () Addition

Name: GEROUX, SANDY Address: 3760 MANTEO CIRCLE City-St-Zip: ORLANDO, FL 32837

Title: **PELC** (X) Change () Addition

TIMMONS, DAVE Name: Address: PO BOX 340025 City-St-Zip: TAMPA, FL 33654

Title: (X) Change () Addition

Name: CUTTING, DONNA Address: PO BOX 76461

City-St-Zip: ST PETERSBURG, FL 33734

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: CINDY KROSKY **PRES** 04/16/2007