

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010173

Entity Name: THE NATIONAL COMMUNITY NETWORK & COALITION OF HIGHLANDS, INC**Current Principal Place of Business:**923 SOUTH A AVENUE
AVON PARK, FL 33825**Current Mailing Address:**923 SOUTH A AVENUE
AVON PARK, FL 33825**FEI Number: 27-1151849****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, FRANK P
917 SOUTH A AVE
AVON PARK, FL 33825 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:** FRANK PAUL JONES

01/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	V/TR
Name	WILLIAMS, ELLA E REV.
Address	206 E. JOE HILTON STREET
City-State-Zip:	AVON PARK FL 33825

Title	T/TR
Name	MOSS, JOHN W
Address	55 ALICE NELSON ST.
City-State-Zip:	AVON PARK FL 33825

Title	S
Name	MOSS, ALBERT
Address	935 S. DELANEY AVE
City-State-Zip:	AVON PARK FL 33825

Title	VTR
Name	FLOOD , LUJUANA M
Address	46 TRUSH DRIVE
City-State-Zip:	BRENTWOOD NY 11717

Title	PCEO, CHAIRMAN
Name	JONES, FRANK P
Address	917 SOUTH A AVE
City-State-Zip:	AVON PARK FL 33825

Title	DTR
Name	SMITH, DAHOUD R
Address	950 E. 4TH WALK APT.11B
City-State-Zip:	NEW YORK NY 10009

Title	CFO
Name	FLOOD, SHANEEM
Address	222 BERKELEY AVE
City-State-Zip:	BLOOMFIELD NJ 07003

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

P/CEO/ CHAIRMAN

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date