2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723620

Apr 22, 2009 Secretary of State

Entity Name: NEW APPROACH ASSOCIATION, INC.

YORKVILLE, IL 60560

14190 PLUM ISLAND RD.

FORT MYERS, FL 33919

FORT MYERS, FL 33919

FAY, GEORGE

() Delete

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Current Principal Place of Business: New Principal Place of Business: 1500 POPHAM DR. FORT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** 1500 POPHAM DR. FORT MYERS, FL 33919 FEI Number: 59-1408395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUDOLPH, MATLAND K 12995 S. CLEVELAND AVE. STE. 107 FORT MYERS, FL 33919 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MERIGAN, PAULA GLEICO, DAVID Name: Name: 2600-29 LAKE SHORE RD. Address: 191 RUBGY LANE Address: City-St-Zip: GILFORD, NH 03249 City-St-Zip: GAHANNA, OH 43230 Title: Title: () Delete () Change () Addition SAMUEL, MARY Name: Name: Address: 226 EMERSON AVE. E Address: City-St-Zip: SAINT PAUL, MN 55118 City-St-Zip: Title: () Delete Title: () Change () Addition PLACHETKA, RICHARD Name: Name: Address: 612 MARIE AVE. Address: City-St-Zip:

Title: () Delete Title: (X) Change () Addition ROGERS, JAN HOLZHEIMER, GEORGE Name: Name: 1500 POPHAM DR B08 206 TOURNAMENT TRL Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: RUDOLPH K. MATLAND RΑ 04/22/2009

() Change () Addition

CORTLAND, OH 44410