2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# 724487

Entity Name: CENTRAL FLORIDA CHAPTER, INC. OF N.E.C.A.

Current Principal Place of Business:

2103 W CASS STREET
TAMPA, FL 336061233 US

New Principal Place of Business:

Current Mailing Address:

2103 W CASS STREET
TAMPA, FL 336061233 US

New Mailing Address:

FEI Number: 59-1440239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPPERSMITH, ROBERT R
2103 W CASS STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	HUNT, RON E	
Address:	2117 GRIFFIN ROAD	
City-St-Zip:	LEESBURG, FL 34748 US	
Title:	T	( ) Delete
Name:	MADDOX, SCOTT	
Address:	PO BOX 22164	
City-St-Zip:	LAKE BUENA VISTA, FL 32830 US	
Title:	GOV	( ) Delete
Name:	DAVIS, TERRY W	
Address:	PO BOX 560339	
City-St-Zip:	ORLANDO, FL 32856 US	
Title:	SM	( ) Delete
Name:	COPPERSMITH, ROBERT R	
Address:	2103 W CASS STREET	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	VP	( ) Delete
Name:	MAXWELL, GUY	
Address:	2700 BONNET CREEK ROAD	
City-St-Zip:	ORLANDO, FL 32830 US	
Title:	P	( ) Delete
Name:	DUFFIELD, CURTIS	
Address:	PO BOX 1375	
City-St-Zip:	SORRENTO, FL 32776 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ROBERT R. COPPERSMITH SM 04/10/2007

Electronic Signature of Signing Officer or Director — Date