2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724487

FILED Apr 02, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2103 W CASS STREET 2103 W CASS STREET TAMPA, FL 336061233 US TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 2103 W CASS STREET 2103 W CASS STREET TAMPA, FL 336061233 US TAMPA, FL 33606 US FEI Number: 59-1440239 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: COPPERSMITH, ROBERT R 2103 W CASS STREET TAMPA, FL 33606 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 HUNT, RON E HUNT, RON E Name: Name: 2117 GRIFFIN ROAD Address: 1805 GREENLEAF LANE, #5 Address: City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: LEESBURG, FL 34748 US Title: Title: () Delete () Change () Addition MADDOX, SCOTT Name: Name: Address: PO BOX 22164 Address: City-St-Zip: LAKE BUENA VISTA, FL 32830 US City-St-Zip: Title: GOV () Delete Title: () Change () Addition DAVIS, TERRY W Name: Name: Address: PO BOX 560339 Address: City-St-Zip: ORLANDO, FL 32856 US City-St-Zip: Title: SM () Delete Title: () Change () Addition Name: COPPERSMITH, ROBERT R Name: 2103 W CASS STREET Address: Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition MAXWELL, GUY Name: Name: 2700 BONNET CREEK ROAD Address: Address: City-St-Zip: ORLANDO, FL 32830 US City-St-Zip: Title: () Delete Title: () Change () Addition DUFFIELD, CURTIS Name: Name: Address: PO BOX 1375 Address: SORRENTO, FL 32776 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: ROBERT R COPPERSMITH SM 04/02/2008