

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724487

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2103 W CASS STREET  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

2103 W CASS STREET  
TAMPA, FL 33606 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: 1805 GREENLEAF LANE, #5  
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 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

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date