

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724487

FILED
Apr 01, 2011
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
Name: HUNT, RON E
Address: 2204 W GRIFFIN RD
City-St-Zip: LEESBURG, FL 34748 US

Title: GOV
Name: MADDOX, SCOTT
Address: PO BOX 22164
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: VP
Name: SHINNEMAN, JASON
Address: 6850 NEW TAMPA HIGHWAY, SUITE 100
City-St-Zip: LAKELAND, FL 33815 US

Title: SM
Name: COPPERSMITH, ROBERT R
Address: 2103 W CASS STREET
City-St-Zip: TAMPA, FL 33606 US

Title: T
Name: CARTER, DOUG
Address: 2455 W ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32712 US

Title: P
Name: DUFFIELD, CURTIS
Address: PO BOX 1375
City-St-Zip: SORRENTO, FL 32776 US

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: ROBERT R. COPPERSMITH

SM

04/01/2011

Electronic Signature of Signing Officer or Director

Date