


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 022 ****61.25

DOCUMENT # 766520	
1. Entity Name NORTH CENTRAL FLORIDA AREAWIDE DEVELOPMENT CO., INC.	

Principal Place of Business 2009 N.W. 67 PLACE SUITE A GAINESVILLE, FL 32653-1603 US	Mailing Address 2009 N.W. 67 PLACE SUITE A GAINESVILLE, FL 32653-1603 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03262007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent JUSTICE, CHARLES F. 2009 N.W. 67 PLACE SUITE A GAINESVILLE, FL 32653	
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7. Name and Address of New Registered Agent	
Name Scott R. Koons-	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 2009 NW 67th Place, Suite A	
City Gainesville	Zip Code FL 32653

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Scott R. Koons, Executive Director DATE 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LOUIE 14655 KENNARD ST. WALDO, FL 32694 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD THOMAS, LORENE P.O. BOX 1475 OLD TOWN, FL 326801475 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLIS, ROY 6156 SE FARM RD LEE, FL 320595730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MAULTSBY, CHARLES T US HWY 221 NORTH GREENVILLE, FL 32331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAS, SANDRA K 10724 184 ST. MC ALPIN, FL 320622548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, LEWIS P.O. BOX 60 JASPER, FL 32052 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thomas, Lorene J. P.O. Box 1475 Old Town, FL 32680-1475 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ellis, Roy 6156 SE Farm Road Lee, FL 32059-5730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maultsby, Charles T. US HWY 221 North Greenville, FL 32331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Lorene J. Thomas J. Thomas, President / Director DATE 4/17/07 (352) 955-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40094807

#766520

Addition

ST/D

Randy Hatch

P.O. Box 456

Branford, FL 32008-0456

D

Addition

Jim Poole

162 S. Marion Avenue

Lake City, FL 32025-4345

D

Addition

Myra Valentine

163 N.E. Kirby Street

Madison, FL 32340-2171