


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOONS, SCOTT R 2009 N.W. 67 PLACE SUITE A GAINESVILLE, FL 32653				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Scott R. Koons <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/10/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD THOMAS, LORENE P.O. BOX 1475 OLD TOWN, FL 326801475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600123683246 04/16/08--01008--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ELLIS, ROY 6156 SE FARM RD LEE, FL 320595730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	P/D <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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; font-family: cursive;">M4/15</div>		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VAUGHN, LEWIS P.O. BOX 60 JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input checked="" 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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> Scott R. Koons <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 4/10/08 <small>Date</small> </div> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 5px;"> <div style="text-align: right;"> 352-955-2200 <small>Daytime Phone #</small> </div> </div>					

FILED
08 APR 14 AM 11:14
CLERK OF STATE
TALLAHASSEE, FLORIDA



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2274527** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

North Central Florida Areawide Development Co., Inc.
Officers and Directors
Continuation – Page 2

V/D
Randy Hatch
P.O. Box 456
Branford, FL 32008-0456

Change

D
Jim Poole
162 S. Marion Ave.
Lake City, FL 32025-4345

S/T/D
Myra Valentine
163 N.E. Kirby St.
Madison, FL 32340-2171

Change
