2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766520

FILED Apr 07, 2009 Secretary of State

Entity Name: NORTH CENTRAL FLORIDA AREAWIDE DEVELOPMENT CO., INC.

Current Principal Place of Business: New Principal Place of Business:

2009 N.W. 67 PLACE 2009 NW 67TH PLACE

SUITE A SUITE A

GAINESVILLE, FL 326531603 US GAINESVILLE, FL 326531603 US

Current Mailing Address: New Mailing Address:

2009 N.W. 67 PLACE 2009 NW 67TH PLACE

SUITE A SUITE A

GAINESVILLE, FL 326531603 US GAINESVILLE, FL 326531603 US

FEI Number: 59-2274527 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:

KOONS, SCOTT R
2009 N.W. 67 PLACE

KOONS, SCOTT R
2009 NW 67TH PLACE

SUITE A SUITE A

GAINESVILLE, FL 32653 US GAINESVILLE, FL 326531603 US

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: SCOTT R KOONS 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PD (X) Change () Addition

 Name:
 DAVIS, LOUIE
 Name:
 HATCH, RANDY

 Address:
 14655 KENNARD ST.
 Address:
 26850 SR 247

 City-St-Zip:
 WALDO, FL 32694
 City-St-Zip:
 BRANFORD, FL 32008

Title: D () Delete Title: VD (X) Change () Addition

 Name:
 THOMAS, LORENE
 Name:
 VALENTINE, MYRA

 Address:
 P.O. BOX 1475
 Address:
 163 NE KIRBY ST

City-St-Zip: OLD TOWN, FL 326801475 City-St-Zip: MADISON, FL 32340

Title: PD () Delete Title: STD (X) Change () Addition

 Name:
 ELLIS, ROY
 Name:
 DAVIS, LOUIE

 Address:
 6156 SE FARM RD
 Address:
 14974 NE 145TH AVE

 City-St-Zip:
 LEE, FL 320595730
 City-St-Zip:
 WALDO, FL 32694

Title: D (X) Delete Title: () Change () Addition

 Name:
 MAULTSBY, CHARLES T
 Name:

 Address:
 US HWY 221 NORTH
 Address:

 City-St-Zip:
 GREENVILLE, FL 32331
 City-St-Zip:

 Name:
 HAAS, SANDRA K
 Name:

 Address:
 10724 184 ST.
 Address:

 City-St-Zip:
 MC ALPIN, FL 320622548
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 VAUGHN, LEWIS
 Name:

 Address:
 P.O. BOX 60
 Address:

 City-St-Zip:
 JASPER, FL 32052
 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: RANDY HATCH PD 04/07/2009