

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766520

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2009 NW 67TH PLACE  
SUITE A  
GAINESVILLE, FL 326531603 US

**New Principal Place of Business:**

2009 NW 67TH PLACE  
GAINESVILLE, FL 326531603 US

**Current Mailing Address:**

2009 NW 67TH PLACE  
SUITE A  
GAINESVILLE, FL 326531603 US

**New Mailing Address:**

2009 NW 67TH PLACE  
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:**

KOONS, SCOTT R  
2009 NW 67TH PLACE  
SUITE A  
GAINESVILLE, FL 326531603 US

**Name and Address of New Registered Agent:**

KOONS, SCOTT R  
2009 NW 67TH PLACE  
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:

03/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALENTINE, MYRA  
Address: 163 KIRBY ST  
City-St-Zip: MADISON, FL 32340

Title: VD  
Name: DAVIS, LOUIE  
Address: 14974 NE 145TH AVE  
City-St-Zip: WALDO, FL 32694

Title: STD  
Name: MARTIN, EDDIE  
Address: 21436 SE 65TH AVE  
City-St-Zip: HAWTHORNE, FL 32604

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: MYRA VALENTINE

PD

03/23/2010

Electronic Signature of Signing Officer or Director

Date