

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003339

FILED
Jan 14, 2009
Secretary of State

Entity Name: NATIONAL COUNCIL FOR THE SELF EMPLOYED, INC.

Current Principal Place of Business:

630 LAKEWORTH CIR.
SUITE 1000
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

630 LAKEWORTH CIRCLE
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 35-2092029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILPOTT, J. MICHAEL
630 LAKEWORTH CIRCLE
HEATHROW, FL 32746 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: CPD () Delete
Name: PHILPOTT, J. MICHAEL
Address: 630 LAKEWORTH CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: VSD () Delete
Name: CHARBONEAU, M. JEAN
Address: 1540 IBIS CT
City-St-Zip: WINTER PARK, FL 32789

Title: VTD () Delete
Name: RAYA, JOHN
Address: 520 WEST PALM VALLEY DR
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: CUETO, BENJAMIN
Address: 9753 SIBLEY CT
City-St-Zip: ORLANDO, FL 32836

Title: VD () Delete
Name: PHILPOTT, ANNETTE R
Address: 630 LAKEWORTH CIR.
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: J. MICHAEL PHILPOTT

CPD

01/14/2009

Electronic Signature of Signing Officer or Director

Date