

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR -8 PM 3: 38****DOCUMENT # F93000001682 (4)**

1. Corporation Name

**THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY
HANDICAPPED, INCORPORATED**

Principal Place of Business

Mailing Address

**744 MCCALLIE AVE., SUITE 433
CHATTANOOGA TN 37403****P. O. BOX 11062
CHATTANOOGA TN 37401
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/19933a. Date of Last Report
03/16/1994

4. FEI Number

23-7069285

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒**\$68.75 Supplemental
Fee Not Required**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROWBRIDGE, JUDY A
8979 SW 44TH LANE
GAINESVILLE FL 32608**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RHYNE, WILLIAM T. J
STREET ADDRESS 2413 VANCE AVE.
CITY-ST-ZIP CHATTANOOGA TN1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Susan T. Johnson
1.3 STREET ADDRESS 715 Oxford Rd
1.4 CITY-ST-ZIP Chattanooga TN 37405TITLE PD
NAME HUTCHERSON, JAMES D
STREET ADDRESS 1000 RIVERFRONT PKWY.
CITY-ST-ZIP CHATTANOOGA TN2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Thilo H Best
2.3 STREET ADDRESS 1220 Sunset Dr
2.4 CITY-ST-ZIP Signal Mountain TN 37377TITLE SD
NAME BEST, THILO H.
STREET ADDRESS 1220 SUNSET DR.
CITY-ST-ZIP SIGNAL MOUNTAIN TN3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Wilma B Lockery
3.3 STREET ADDRESS 8602 Caron Dr
3.4 CITY-ST-ZIP Chattanooga TN 37421TITLE TD
NAME ELLIOTT, THELMA S.
STREET ADDRESS 1329 WINDBROOK LANE
CITY-ST-ZIP HIXSON TN4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME David L Berry
4.3 STREET ADDRESS First TN Bank-701 Market St
4.4 CITY-ST-ZIP Chattanooga TN 37402TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan T Johnson

Susan T Johnson 2/27/95 615/266-1632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number