

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # F93000001682 (4)

1. Corporation Name

THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY
HANDICAPPED, INCORPORATED



Principal Place of Business

744 MCCALLIE AVE. SUITE 433
CHATTANOOGA TN 37403

Mailing Address

P. O. BOX 11082
CHATTANOOGA TN 37401
US

3. Date Incorporated or Qualified
04/05/1993

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Peggy Pate

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

Diana Dr

83

Rt 5, Box 266B

84 City

Lake City

FL

85 Zip Code

32024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Peggy A. Pate

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME JOHNSON, SUSAN T
STREET ADDRESS 715 OXFORD RD
CITY-ST-ZIP CHATTANOOGA TN

1.1 TITLE Chairman ☐ Change ☐ Addition
1.2 NAME Thilo H. Best
1.3 STREET ADDRESS 1220 Sunset Dr
1.4 CITY-ST-ZIP Signal Mountain TN 37377

TITLE VD ☒ DELETE
NAME BEST, THILO H
STREET ADDRESS 1220 SUNSET DR
CITY-ST-ZIP SIGNAL MOUNTAIN TN

2.1 TITLE Treasurer ☐ Change ☐ Addition
2.2 NAME Jane Armstrong Fitzpatrick
2.3 STREET ADDRESS 89 S Crest Rd
2.4 CITY-ST-ZIP Chattanooga TN

TITLE SD ☒ DELETE
NAME LOCKERY, WILMA B
STREET ADDRESS 8802 CARON DR
CITY-ST-ZIP CHATTANOOGA TN

3.1 TITLE Secretary ☐ Change ☐ Addition
3.2 NAME Booker T Scruggs, II
3.3 STREET ADDRESS Upward Bound-U T C-615 McCallie Ave
3.4 CITY-ST-ZIP Chattanooga TN 37403

TITLE TD ☒ DELETE
NAME BERRY, DAVID L
STREET ADDRESS FIRST TN BANK-701 MARKET ST
CITY-ST-ZIP CHATTANOOGA TN

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 119.07(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:

Thilo H. Best, CHAIRMAN 2/28/96 698-1512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)