

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 004 ****61.25

DOCUMENT # F93000001682

1. Entity Name
**THE NATIONAL ASSOCIATION FOR THE
CRANIOFACIALLY HANDICAPPED, INCORPORATED**



Principal Place of Business
**744 MCCALLIE AVE.,
SUITE 207
CHATTANOOGA, TN 37403**

Mailing Address
**P. O. BOX 11082
CHATTANOOGA, TN 37401 US**

94024247



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7069285

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATE, PEGGY
DIANA DRIVE
RT 5 BOX 266-B
LAKE CITY, FL 32024**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BEST, THILO H**
STREET ADDRESS **1220 SUNSET DR**
CITY-ST-ZIP **SIGNAL MOUNTAIN, TN 37377**

TITLE **D** ☐ Delete
NAME **JOHNSON, WILLIAM F**
STREET ADDRESS **4 PRIMROSE CIRLCE**
CITY-ST-ZIP **SIGNAL MOUNTAIN, TN 37377**

TITLE **D** ☒ Delete
NAME **HAYS, ROBIN**
STREET ADDRESS **825 OLD DALLAS RD**
CITY-ST-ZIP **CHATTANOOGA, TN 37405**

TITLE **P** ☐ Delete
NAME **MAYFIELD, LYNNE**
STREET ADDRESS **7129 SARATOGA LANE**
CITY-ST-ZIP **CHATTANOOGA, TN 37421**

TITLE **D** ☐ Delete
NAME **SAVAGE, RACHEL**
STREET ADDRESS **1610 ROCKLAND COURT**
CITY-ST-ZIP **CLEVELAND, TN 37311**

TITLE **T** ☐ Delete
NAME **PERRY, STEPHEN T**
STREET ADDRESS **5803 SAWYER ROAD**
CITY-ST-ZIP **SIGNAL MOUNTAIN, TN 37377**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Todd Blancett**
STREET ADDRESS **2733 Kanasita Drive**
CITY-ST-ZIP **Hixson, TN 37343**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynne Mayfield* **LYNNE MAYFIELD**

2-23-04

423-266-1632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #