


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90035 013 ****61.25

DOCUMENT # F93000001682 1. Entity Name THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED	
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Principal Place of Business 744 MCCALLIE AVE., SUITE 207 CHATTANOOGA, TN 37403	Mailing Address P. O. BOX 11082 CHATTANOOGA, TN 37401 US
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20051200



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7069285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent PATE, PEGGY DIANA DRIVE RT 5 BOX 266-B LAKE CITY, FL 32024	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEST, THILO H 1220 SUNSET DR SIGNAL MOUNTAIN, TN 37377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM F 4 PRIMROSE CIRLCE SIGNAL MOUNTAIN, TN 37377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCETT, TODD 2733 KANASITA DRIVE HIXSON, TN 37343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYFIELD, LYNNE 7129 SARATOGA LANE CHATTANOOGA, TN 37421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAGE, RACHEL 1610 ROCKLAND COURT CLEVELAND, TN 37311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, STEPHEN T 5803 SAWYER ROAD SIGNAL MOUNTAIN, TN 37377

**DO NOT WRITE
IN THIS SPACE**

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 G. MAYFIELD**

4-7-2005 800-332-2373

Date Daytime Phone #