2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000001682

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

Principal Place of Business	Mailing Address
744 MCCALLIE AVE., SUITE 207 CHATTANOOGA, TN 37403	P. O. BOX 11082 CHATTANOOGA, TN 37401 US

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03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7069285

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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05/04/06-80002-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynne G. Mayfield LYNNE G. MAYFIELD, PRESIDENT 4/20/06 423-266-1632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #