

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001682

FILED
Apr 19, 2012
Secretary of State

Entity Name: THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED

Current Principal Place of Business:

744 MCCALLIE AVE.,
SUITE 207
CHATTANOOGA, TN 37403

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 11082
CHATTANOOGA, TN 37401 US

New Mailing Address:

FEI Number: 23-7069285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KELLEY, CAROL
Address: 8439 SHADETREE LANE
City-St-Zip: OOLTEWAH, TN 37363

Title: D
Name: JOHNSON, WILLIAM F
Address: 4 PRIMROSE CIRLCE
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

Title: D
Name: BLANCETT, TODD
Address: 2733 KANASITA DRIVE
City-St-Zip: HIXSON, TN 37343

Title: P
Name: MAYFIELD, LYNNE
Address: 7129 SARATOGA LANE
City-St-Zip: CHATTANOOGA, TN 37421

Title: D
Name: STEFFNER, SARAH
Address: 2842 ENCLAVE BAY DRIVE
City-St-Zip: CHATTANOOGA, TN 37415

Title: D
Name: SELLERS, JOHN
Address: 503 FERN TRAIL
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNNE G. MAYFIELD

P

04/19/2012

Electronic Signature of Signing Officer or Director

Date