

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006732

FILED
May 04, 2009
Secretary of State

Entity Name: NAIFA - OCALA, INC.

Current Principal Place of Business:

2935 SE 58TH AVE
STE #2
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

POB 830214
OCALA, FL 34483

New Mailing Address:

2935 SE 58TH AVE
STE #2
OCALA, FL 34480

FEI Number: 59-3758837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIDGETT, DAVID E
1521 SE 36TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

MAZZURCO, VINCENT S
2935 SE 58TH AVE
OCALA, FL 34480 US

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: VINCENT S MAZZURCO

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZZURCO, VINCENT
Address: 2935 SE 58TH AVENUE, SUITE 2
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: TERRELL, H. RAYMOND
Address: 2935 SE 58TH AVE., SUITE 2
City-St-Zip: OCALA, FL 34480

Title: S () Delete
Name: SUTTON, DEBBIE
Address: 2935 SE 58TH AVE., SUITE 2
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: WIKSTROM, MARTHA
Address: 2935 SE 58TH AVE., SUITE 2
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: SLAGLE, MARK
Address: 2935 SE 58TH AVE., SUITE 2
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: COTHORN, TOM
Address: 2935 SE 58TH AVE., SUITE 2
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINCENT S MAZZURCO

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date