2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 28, 2004
Secretary of State

DOCUMENT# N03000001982

Entity Name: NCU ALUMNI ASSOCIATION - CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

499 N S.R. 434 STE 2103
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

499 N S.R. 434 STE 2103
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 02-0683640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DALEY, EVERARD A
499 N S.R. 434 STE 2103
ALTAMONTE SPRINGS, FL 32714

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: P ( ) Delete
Name: RUGLESS, ANTHONY
Address: 499 N S.R. 434 STE 2103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: CROOKS, JEAN
Address: 499 N S.R. 434 STE 2103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: DALEY, EVERARD A
Address: 499 N S.R. 434 STE 2103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: DAVIS, ERWIN S
Address: 499 N S.R. 434 STE 2103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V ( ) Delete
Name: DAVIS, MARION
Address: 499 N S.R. 434 STE 2103
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARION DAVIS V.P. 09/28/2004

Electronic Signature of Signing Officer or Director — Date