

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001982

FILED
Jan 24, 2012
Secretary of State

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

Current Principal Place of Business:

C/O NICOLA MCCLYMONT
365 WILLET AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 683275
ORLANDO, FL 32868

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 MR.
124 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714 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: P
Name: MCCLYMONT, NICOLA MS
Address: 365 WILLETTE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: CLARKE, PAUL W MR
Address: 950 NOLA DRIVE
City-St-Zip: OCOEE, FL 34761

Title: V
Name: DALEY, EVERARD A MR.
Address: 124 MARCIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: MCCOURTIE, WILLIAM DR
Address: 524 HEBRIDES COURT
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: ROBINSON, BYRON C DR
Address: 3943 ROCK HILL LOOP
City-St-Zip: APOPKA, FL 32712

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: EVERARD DALEY

VP

01/24/2012

Electronic Signature of Signing Officer or Director

Date