

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001026

FILED
Jan 20, 2010
Secretary of State

Entity Name: FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3500 NW 97 BLVD
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3500 NW 97 BLVD
SUITE A
GAINESVILLE, FL 32606

New Mailing Address:

P. O. BOX 358502
GAINESVILLE, FL 32635

FEI Number: 59-3812245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, RONALD A
3500 NW 97 BOULEVARD
SUITE A
GAINESVILLE, FL 32606 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: CARROLL, BEVERLY P MRS
Address: 928 SW 98 ST
City-St-Zip: GAINESVILLE, FL 32607 US

Title: V
Name: LOCKE, RON MR
Address: 8909 SW 122 ST
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T
Name: CELLON, BILL MR.
Address: 17218 N. STATE RD. 121
City-St-Zip: GAINESVILLE, FL 32653 US

Title: S
Name: MOORE, MARYLYNNE MRS.
Address: 4625 NW 43 PL
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: HARVEY, WAYNE MR
Address: 6316 NW 246 AVE.
City-St-Zip: LACROSSE, FL 32658 US

Title: AS
Name: MELCHIOR, JUANITA MS.
Address: 10251 NE 92 PL.
City-St-Zip: BRONSON, FL 32621 US

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: BILL CELLON

T

01/20/2010

Electronic Signature of Signing Officer or Director

Date