

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001066

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF NON-CUSTODIAL MOMS, INC.

**Current Principal Place of Business:**

11335 SUSAN'S POINT DRIVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

11335 SUSAN'S POINT DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 56-2499916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JORDAN, EDWARD P II, ESQ  
1460 EAST HIGHWAY 50  
CLERMONT, FL 34711 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: PT  
Name: MORRIS, BEVERLY  
Address: 11335 SUSAN'S POINT DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: PAGANO, ANNETTE  
Address: 59 UPPER OAK DRIVE  
City-St-Zip: SAN RAFAEL, CA 94903 17

Title: EVP  
Name: CHAPPELL-BATES, CELESTE  
Address: P.O. BOX 21054  
City-St-Zip: COLUMBUS, OH 43221

Title: S  
Name: CHAPPELL-BATES, CELESTE  
Address: P.O. BOX 21054  
City-St-Zip: COLUMBUS, OH 43221

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: BEVERLY MORRIS

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date