

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002357

FILED
Apr 11, 2006
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF COMMUNITY DEVELOPMENT EXTENSION PROFESSIONALS,
INCORPORATED

Current Principal Place of Business:

9231 NW 10TH PLACE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

9231 NW 10TH PLACE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 20-2982555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COTHRAN, HENRY M
9231 NW 10TH PLACE
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 () Delete
Name: TWEETEN, KATHLEEN
Address: 2718 GATEWAY AVE. SUITE 104
City-St-Zip: BISMARCK, ND 58503 US

Title: VP () Delete
Name: MAURER, RICHARD C
Address: 709 W P GARRIGUS BUILDING 0215
City-St-Zip: LEXINGTON, KY 40506 US

Title: TRES () Delete
Name: COTHRAN, HENRY M
Address: 9231 NW 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: SEC () Delete
Name: TOOTLE, DEBORAH M
Address: 101 AG ADMINISTRATION BLDG. LSU
City-St-Zip: BATON ROUGE, LA 70803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAURER, RICHARD C
Address: 709 W P GARRIGUS BUILDING 0215
City-St-Zip: LEXINGTON, KY 4050 US

Title: VP (X) Change () Addition
Name: SENESE, RICHARD
Address: 467 COFFEY HALL, 14.20 ECKLES AVE
City-St-Zip: SAINT PAUL, MN 55108

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 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: HENRY M. COTHRAN

TREA

04/11/2006

Electronic Signature of Signing Officer or Director

Date