

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002357

FILED  
Feb 11, 2009  
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: PRES ( ) Delete  
Name: WOODS, MICHAEL  
Address: 308 AG HALL  
City-St-Zip: STILLWATER, OK 74078 US

Title: VP ( ) Delete  
Name: JONES, EDWIN  
Address: BOX 7653  
City-St-Zip: RALEIGH, NC 27695 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: JONES, EDWIN  
Address: CAMPUS BOX 7653  
City-St-Zip: RALEIGH, NC 27695 US

Title: VP (X) Change ( ) Addition  
Name: TOOTLE, DEBORAH  
Address: PO BOX 391  
City-St-Zip: LITTLE ROCK, AR 72203 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: ELEY, MICHELLE  
Address: PO BOX 21928  
City-St-Zip: GREENSBORO, NC 27420 US

I hereby certify that the information supplied with this filing does not qualify 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

TRES

02/11/2009

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

\_\_\_\_\_  
Date