## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002357

FILED Mar 09, 2012 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF COMMUNITY DEVELOPMENT EXTENSION PROFESSIONALS,

**INCORPORATED** 

Current Principal Place of Business: New Principal Place of Business:

9231 NW 10TH PLACE 884 S DILLARD STREET

GAINESVILLE, FL 32606 US WINTER GARDEN, FL 34787 US

Current Mailing Address: New Mailing Address:

9231 NW 10TH PLACE 884 S DILLARD STREET

GAINESVILLE, FL 32606 US WINTER GARDEN, FL 34787 US

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

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

COTHRAN, HENRY M ASMA & ASMA PA 9231 NW 10TH PLACE 884 S DILLARD STREET

GAINESVILLE, FL 32606 US WINTER GARDEN, FL 34787 US

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: C. NICK ASMA 03/09/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES Name: BORICH, TIM

Address: 126 COLLEGE OF DESIGN City-St-Zip: AMES, IA 50010 US

Title: VP

Name: WILCOX, MICHAEL Address: PO BOX 68721

City-St-Zip: GRAND RAPIDS, MI 49516 US

Title: TRES
Name: DAVIS, GREG

Address: 231 AG ADMIN 2120 FYFFE ROAD City-St-Zip: COLUMBUS, OH 43210 US

Title: SEC

 Name:
 DARGER, MICHAEL

 Address:
 1420 ECKLES AVE

 City-St-Zip:
 ST. PAUL, MN 55108 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: C. NICK ASMA RA 03/09/2012