

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008511

FILED
Apr 26, 2007
Secretary of State

Entity Name: NCFUSBCWBA, INC.

Current Principal Place of Business:

% KAREN COLEMAN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

% KAREN COLEMAN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643

New Mailing Address:

FEI Number: 83-0436123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, KAREN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643 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: DONBIER, CLE
Address: 9831 NE 93RD ST
City-St-Zip: BRONSON, FL 32621

Title: SAA () Delete
Name: TAYLOR, CANDACE
Address: 7717 NW 218TH ST
City-St-Zip: ALACHUA, FL 32615

Title: AM/D () Delete
Name: BIERMAN, JEANNE
Address: 6023 NW 105TH PL
City-St-Zip: ALACHUA, FL 32615

Title: VP () Delete
Name: ANDERSON, CAROLYN
Address: 329 SW HEFLIN AVE
City-St-Zip: FORT WHITE, FL 32038

Title: AM () Delete
Name: COLEMAN, KAREN
Address: 184 SE COLEMAN LN
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: BROOKS, JACQUELYN
Address: 3944 NW 36TH PL
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JEANNE BIERMAN

AM/D

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date