2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008511

Entity Name: NCFUSBCWBA, INC.

FILED Mar 30, 2010 Secretary of State

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

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 83-0436123 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:

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 DONBIER, CLE

 Address:
 9831 NE 93RD ST

 City-St-Zip:
 BRONSON, FL 32621

Title: D

 Name:
 COX, LUANN M

 Address:
 18051 NE 35TH STREET

 City-St-Zip:
 WILLISTON, FL 32696

Title: AM/D

Name: BIERMAN, JEANNE Address: 6023 NW 105TH PL City-St-Zip: ALACHUA, FL 32615

Title: VP

 Name:
 ANDERSON, CAROLYN

 Address:
 329 SW HEFLIN AVE

 City-St-Zip:
 FORT WHITE, FL 32038

Title: AM

 Name:
 COLEMAN, KAREN

 Address:
 184 SE COLEMAN LN

 City-St-Zip:
 HIGH SPRINGS, FL 32643

Title: [

 Name:
 BROOKS, JACQUELYN

 Address:
 3944 NW 36TH PL

 City-St-Zip:
 GAINESVILLE, FL 32606

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: JEANNE BIERMAN AM/D 03/30/2010