

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008511

FILED
Feb 08, 2012
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
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: HEIMER, KATHY
Address: 10829 SW 86TH DR
City-St-Zip: GAINESVILLE, FL 32608

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

Title: D
Name: BILODEAU, JACQUELYN
Address: 326 SW 183RD RD
City-St-Zip: MICANOPY, FL 32667

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

02/08/2012

Electronic Signature of Signing Officer or Director

Date