

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001402

FILED  
Mar 17, 2010  
Secretary of State

Entity Name: NCF CORPORATION

**Current Principal Place of Business:**

1408 NORTH WEST SHORE BLVD., SUITE 504  
TAMPA, FL 33622

**New Principal Place of Business:**

**Current Mailing Address:**

1408 NORTH WEST SHORE BLVD., SUITE 504  
TAMPA, FL 33622

**New Mailing Address:**

11625 RAINWATER DRIVE  
SUITE 500  
ALPHARETTA, GA 30009

FEI Number: 20-4281656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HAVENS, JASON E  
HAVENS & MILLER, P.L.L.C.  
4400 EAST HIGHWAY 20, SUITE 211  
NICEVILLE, FL 32578 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: PD  
Name: WILLS, DAVID H  
Address: 11625 RAINWATER DRIVE, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: VD  
Name: PARKER, TERRY  
Address: 11625 RAINWATER DRIVE, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: D  
Name: SPERRY, GREGORY L  
Address: 11625 RAINWATER DRIVE, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: S  
Name: BOWERS, KENNETH M  
Address: 11625 RAINWATER DRIVE, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

Title: T  
Name: JOHNSON, DAVID D  
Address: 1100 JOHNSON FERRY ROAD, N.E., SUITE 900  
City-St-Zip: ATLANTA, GA 30342

Title: V  
Name: SEGARS, PAMELA K  
Address: 11625 RAINWATER DRIVE, SUITE 500  
City-St-Zip: ALPHARETTA, GA 30009

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: TIMOTHY W TOWNSEND

GC

03/17/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date