

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002705

FILED  
May 18, 2009  
Secretary of State

**Entity Name:** THE NORTH FLORIDA CENTER FOR DOCUMENTARY STUDIES, INC.

**Current Principal Place of Business:**

15295 SE 100TH WAY  
WHITE SPRINGS, FL 32096

**New Principal Place of Business:**

**Current Mailing Address:**

15295 SE 100TH WAY  
WHITE SPRINGS, FL 32096

**New Mailing Address:**

**FEI Number:** 74-3257158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CAUTHEN, SUDYE  
15295 SE 100TH WAY  
WHITE SPRINGS, FL 32096      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: ST      ( ) Delete  
Name: CELLON, FRANK M  
Address: PO BOX 92  
City-St-Zip: MELROSE, FL 32666

Title: P      ( ) Delete  
Name: CAUTHEN, SUDYE  
Address: 15295 SE 100TH WAY  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VP      ( ) Delete  
Name: ARNAM, FLORENCE V  
Address: 1805 SW 35TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR.      (X) Change ( ) Addition  
Name: CAUTHEN, SUDYE A  
Address: 15295 SE 100 WAY  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: TREA      (X) Change ( ) Addition  
Name: CELLON, FRANK  
Address: P. O. BOX 92  
City-St-Zip: MELROSE, FL 32666

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: SUDYE CAUTHEN

DIR.

05/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date