

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005590

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF CONSERVATIVE PEOPLE OF ALL COLORS, INC.

**Current Principal Place of Business:**

420 E. NEW HAMPSHIRE AVE.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 121821  
W. MELBOURNE, FL 32912

**New Mailing Address:**

1081 TORCHWOOD DR.  
DELAND, FL 32724

**FEI Number:** 35-2340633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENTZER, WALTER J  
1081 TORCHWOOD DR..  
DELAND, FL 32724 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:** VALDES, TERESA  
**Address:** P.O.BOX 290263  
**City-St-Zip:** PORT ORANGE, FL 32129

**Title:** S  
**Name:** MARCUS, MARY P  
**Address:** 1588 CLEARFIELD ST.  
**City-St-Zip:** DELTONA, FL 32725

**Title:** T  
**Name:** MENTZER, WALTER J  
**Address:** 1081 TORCHWOOD DR.  
**City-St-Zip:** DELAND, FL 32724

**Title:** S  
**Name:** BURSTEIN, WENDY  
**Address:** 342 PEREGRINE DR  
**City-St-Zip:** INDIALANTIC, FL 32903

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:** WALTER J. MENTZER

CEO

01/09/2012

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

\_\_\_\_\_  
Date