

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007105

FILED
Apr 30, 2009
Secretary of State

Entity Name: ADVOCURE NF2, INC.

Current Principal Place of Business:

1874 GREENHILL DR.
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1874 GREENHILL DR.
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 26-3060389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDELL, BEVERLY S
718 SAILFISH DR.
BRANDON, FL 33511 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: LEE, ROSEMARY
Address: 318 TAPPEN ST APT 1
City-St-Zip: BROOKLINE, MA 02445 US

Title: TREA () Change (X) Addition
Name: HENRION, CYNTHIA
Address: 1874 GREENHILL DR
City-St-Zip: CLEARWATER, FL 33755 US

Title: SEC () Change (X) Addition
Name: DA SILVA RIBEIRO, ROBERTO
Address: 3777 JOHN ST
City-St-Zip: BEAMSVILLE, ON LOR 1B1 CA

Title: MAL () Change (X) Addition
Name: DREW, MARIE
Address: 223 MEADOWVIEW DR
City-St-Zip: CANONSBURG, PA 15317 US

Title: MAL () Change (X) Addition
Name: HERNDON, JOYCE
Address: 5916 HWY 9 SO
City-St-Zip: SALEM, AR 72576 US

Title: MAL () Change (X) Addition
Name: PRZYBYSZ, JAMIE
Address: 3823 MORGAN ST APT 1
City-St-Zip: SOUTHBEND, IN 46628 US

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: CYNTHIA HENRION

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date