

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008860

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NCU FEAST OF LIGHTS-SOUTH FLORIDA, INC.

## Current Principal Place of Business:

4630 N UNIVERSITY DRIVE  
SUITE 429  
CORAL SPRINGS, FL 33067 US

## New Principal Place of Business:

3475 SW RIVERS END WAY  
PALM CITY, FL 34990 US

## Current Mailing Address:

4630 N UNIVERSITY DRIVE  
SUITE 429  
CORAL SPRINGS, FL 33067 US

## New Mailing Address:

3475 SW RIVERS END WAY  
PALM CITY, FL 34990 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAW, BEULAH V  
836 S.W 159TH WAY  
PEMBROKE PINES, FL 33027 US

## Name and Address of New Registered Agent:

GISCOMBE, HILBERT  
3475 SW RIVERS END WAY  
PALM CITY, FL 34990 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: HILBERT GISCOMBE

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GISCOMBE, CLAUDETTE  
Address: 3475 S.W. RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990 US

Title: VP ( ) Delete  
Name: SCOTT, PAMELLA  
Address: 9905 N.W. 47TH STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: S ( ) Delete  
Name: WILLIAMS, HYACINTH  
Address: 8681 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322 US

Title: T ( ) Delete  
Name: GISCOMBE, HILBERT  
Address: 3475 S.W RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HILBERT GISCOMBE

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date