

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008860

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3475 SW RIVERS END WAY  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

3475 SW RIVERS END WAY  
PALM CITY, FL 34990 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GISCOMBE, HILBERT  
3475 SW RIVERS END WAY  
PALM CITY, FL 34990 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: GISCOMBE, CLAUDETTE  
Address: 3475 S.W. RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990 US

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

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

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

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: CLAUDETTE GISCOMBE

DR.

02/01/2011

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

\_\_\_\_\_  
Date