2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011123

FILED Feb 07, 2012 Secretary of State

Entity Name: NONPROFIT CENTER OF NORTH CENTRAL FLORIDA, INC

Current Principal Place of Business: New Principal Place of Business:

530 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

530 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601

FEI Number: 27-4092996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, CHRISTOPEHR M 530 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32601 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: BDD

Name: BRILL, JONATHA K

Address: 530 WEST UNIVERSITY AVENUE City-St-Zip: GAINESVILLE, FL 32601 US

Title: D

Name: JOHNSON, CHRISTOPHER M
Address: 530 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title:

Name: MCDONALD, BRYAN
Address: 3011 SW WILLISTON RD
City-St-Zip: GAINESVILLE, FL 32608 US

Title:

 Name:
 WAGNER, NIKKI G

 Address:
 1725 SE 1ST AVENUE

 City-St-Zip:
 GAINESVILLE, FL 32641

Title: D

Name: JONES, NONA
Address: 301 SE 4TH AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: [

 Name:
 JONES, PAM

 Address:
 150 NW 75TH DR # A

 City-St-Zip:
 GAINESVILLE, FL 32607

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: CHRISTOPHER JOHNSON ED 02/07/2012