

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18082

FILED
Jan 20, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CREDIT MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business:

6290 EDGEWATER DRIVE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

6290 EDGEWATER DRIVE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-2756747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDISTER, JAMES T
6290 EDGEWATER DRIVE
ORLANDO, FL 32810 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: CEO () Delete
Name: HARDISTER, JAMES T
Address: 6290 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: PD () Delete
Name: GODDARD, ANTONY
Address: 6290 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: CD () Delete
Name: UDDO, PATTI
Address: 314 W LANDSTREET
City-St-Zip: ORLANDO, FL 32824

Title: EVP () Delete
Name: RICARDO, PAMELA
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810

Title: CFO () Delete
Name: LACK, ANN
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CD (X) Change () Addition
Name: JOHNSON, RONALD
Address: PO BOX 27326
City-St-Zip: RALEIGH, NC 27611

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: ANN LACK

Electronic Signature of Signing Officer or Director

CFO

01/20/2009

Date