

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 29, 2009
Secretary of State**

DOCUMENT# N18082

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:**GODDARD, ANTONY
6290 EDGEWATER DRIVE
ORLANDO, FL 32810 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: ANTONY GODDARD

09/29/2009

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 32810Title: PD () Delete
Name: GODDARD, ANTONY
Address: 6290 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810Title: CD () Delete
Name: JOHNSON, RONALD
Address: PO BOX 27326
City-St-Zip: RALEIGH, NC 27611Title: EVP () Delete
Name: RICARDO, PAMELA
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810Title: CFO (X) Delete
Name: LACK, ANN
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: GODDARD, ANTONY
Address: 6290 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810Title: CD (X) Change () Addition
Name: JOHNSON, RONALD
Address: PO BOX 27326
City-St-Zip: RALEIGH, NC 27611Title: EVP (X) Change () Addition
Name: RICARDO, PAMELA
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810Title: CFO (X) Change () Addition
Name: LACK, ANN
Address: 6290 EDGEWATER DR
City-St-Zip: ORLANDO, FL 32810Title: () 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

CFO

09/29/2009

Electronic Signature of Signing Officer or Director

Date