

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18082

FILED  
Jan 11, 2012  
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:**

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

Title: CD  
Name: LARKINS, CHRIS  
Address: 485 N KELLER RD STE110  
City-St-Zip: MAITLAND, FL 32751

Title: VP  
Name: JIMENEZ, WILLIAM  
Address: 6290 EDGEWATER DR  
City-St-Zip: ORLANDO, FL 32810

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

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: ANN LACK

CFO

01/11/2012

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

\_\_\_\_\_ Date