


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N40995 1. Entity Name SOUTHEASTERN CHAPTER OF NEDA, INC.	
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Principal Place of Business 1230 W. CENTRAL BOULEVARD ORLANDO, FL 32805 US	Mailing Address PO BOX 3671 ORLANDO, FL 32802 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3112866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMMOND, JOHN T 1230 W CENTRAL BLVD ORLANDO, FL 32805	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agents signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, JOHN 1230 W. CENTRAL BLVD. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNSON, ROBERT (MANNY) 900 SUNSET BLVD. WEST COLUMBIA, SC 29169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAX, ERIC 416 MARY LINDSEY POLK DR. SUITE 507 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000235687 04/09/05-80040-001 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHN T. HAMMOND TREASURER	APRIL 7, 2005 407-849-6060 Date Daytime Phone
ext: 211	