

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N40995**

1. Entity Name  
**SOUTHEASTERN CHAPTER OF NEDA, INC.**



Principal Place of Business  
**1230 W. CENTRAL BOULEVARD  
ORLANDO, FL 32805 US**

Mailing Address  
**PO BOX 3671  
ORLANDO, FL 32802 US**



04192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3112866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000725840

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

05/03/07-80038-021 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN T. HAMMOND  
TREASURER/DIRECTOR**

**04/19/2007**  
Date

**407-563-0311**  
Daytime Phone #