


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 030 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAMMOND, JOHN T 1230 W CENTRAL BLVD ORLANDO, FL 32805				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete			
NAME	HAMMOND, JOHN				
STREET ADDRESS	1230 W. CENTRAL BLVD.				
CITY-ST-ZIP	ORLANDO, FL 32805				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BRUNSON, ROBERT (MANNY)				
STREET ADDRESS	900 SUNSET BLVD.				
CITY-ST-ZIP	WEST COLUMBIA, SC 29169				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	MAX, ERIC				
STREET ADDRESS	416 MARY LINDSEY POLK DR. SUITE 507				
CITY-ST-ZIP	FRANKLIN, TN 37067				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>John Hammond</u>		JOHN HAMMOND		TREASURER/DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		04/23/2008		(407) 563-0311	