

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40995

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTHEASTERN CHAPTER OF NEDA, INC.

Current Principal Place of Business:

1230 W. CENTRAL BOULEVARD
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3671
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-3112866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, JOHN T
1230 W CENTRAL BLVD
ORLANDO, FL 32805 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: TD () Delete
Name: HAMMOND, JOHN
Address: 1230 W. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: PD () Delete
Name: BRUNSON, ROBERT (MANNY)
Address: 900 SUNSET BLVD.
City-St-Zip: WEST COLUMBIA, SC 29169

Title: VD () Delete
Name: MAX, ERIC
Address: 416 MARY LINDSEY POLK DR. SUITE 507
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: JOHN HAMMOND

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date