2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N94000004987

Entity Name: NORTH FLORIDA AREA CONFERENCE OF ALCOHOLICS ANONYMOUS, INC.

Current Principal Place of Business:

201 S. ORANGE AVE., STE. 880
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

201 S. ORANGE AVE., STE. 880
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3278803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGHER, RICHARD F
201 S. ORANGE AVE., STE. 880
ORLANDO, FL 32801 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:	D	( ) Delete
Name:	CHRISTOPHER-LEWIS, TINA	
Address:	510 POWER ROAD	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	HEYNE, FRED	
Address:	3833 MILLPOINT DR.	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	SD	( ) Delete
Name:	PEMMBERTON, ANN	
Address:	8025 GILLETTE CT	
City-St-Zip:	ORLANDO, FL 32836	
Title:	DT	( ) Delete
Name:	BALLIET, MARILYN	
Address:	6035 E. TUDOR STREET	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	WALTERS, GLENN	
Address:	442 MONITOR CT	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	D	( ) Delete
Name:	DEWEESE, CONSTANCE	
Address:	5205 N SONORA TERR	
City-St-Zip:	BEVERLY HILLS, FL 34465	

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:	
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: MARILYN BALLIET DT 01/04/2008

Electronic Signature of Signing Officer or Director — Date