

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004987

FILED  
Feb 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

222 S WESTMONTE DR SUITE 212  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 S WESTMONTE DR SUITE 212  
ALTAMONTE SPRINGS, FL 32714 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  
222 S WESTMONTE DR SUITE 212  
ALTAMONTE SPRINGS, FL 32714 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  
**Name:** WALTERS, GLENN  
**Address:** 6225 N. US HWY 1 #148  
**City-St-Zip:** COCOA, FL 32927

**Title:** D  
**Name:** PARKER, CHET  
**Address:** 1006 EASTERN WAY  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** SD  
**Name:** JANSEN, KELLY  
**Address:** 6849 EBANS BEND  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** DT  
**Name:** MCCARTHY, LAURA  
**Address:** P.O. BOX 567  
**City-St-Zip:** MELBOURNE, FL 32902

**Title:** D  
**Name:** DUBOIS, ANDY  
**Address:** 22011 BREEZY OAK DR.  
**City-St-Zip:** HOWEY IN THE HILLS, FL 34737

**Title:** D  
**Name:** BALLIET, MARILYN  
**Address:** 6035 E TUDOR ST  
**City-St-Zip:** INVERNESS, FL 34452

I hereby 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 all other like empowered.

**SIGNATURE:** LAURA E. MCCARTHY

DT

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date