

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004987

FILED
Jan 14, 2011
Secretary of State

Entity Name: NORTH FLORIDA AREA CONFERENCE, INCORPORATED

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: JANSEN, KELLY
Address: 6849 EBANS BEND
City-St-Zip: ORLANDO, FL 32807

Title: D
Name: REID, CECILIA
Address: 728 WEST AVE #148
City-St-Zip: COCOA, FL 32927

Title: SD
Name: VANCE, HEATHER
Address: 1713 ORIOLE AVE
City-St-Zip: ORLANDO, FL 32803

Title: DT
Name: COOK, PRESTON R
Address: P.O. BOX 8983
City-St-Zip: JACKSONVILLE, FL 32239

Title: D
Name: FICHTER, VIVIAN
Address: P.O. BOX 536245
City-St-Zip: ORLANDO, FL 32853

Title: D
Name: SCHULTS, KEN
Address: 3261 UNIVERSITY BLVD #235
City-St-Zip: JACKSONVILLE, FL 32277

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 MCCARTHY

TREA

01/14/2011

Electronic Signature of Signing Officer or Director

Date