

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005610

FILED
May 01, 2008
Secretary of State

Entity Name: NATIONAL AWARENESS CAMPAIGN FOR UPPER CERVICAL CARE, INC.

Current Principal Place of Business:

5215 COLBERT ROAD
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

5215 COLBERT RD
LAKELAND, FL 33812

New Mailing Address:

FEI Number: 59-3473661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURLESON, JAMES D
5215 COLBERT RD
LAKELAND, FL 33812 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: DT () Delete
Name: HARRIS, LOUELLA J
Address: 5215 COLBERT ROAD
City-St-Zip: LAKELAND, FL 33812

Title: DT () Delete
Name: IRBY, SHARLA D
Address: 2501 S.W. 123RD ST
City-St-Zip: OKLAHOMA CITY, OK 73170

Title: DT () Delete
Name: BURLESON, JAMES D
Address: 5215 COLBERT RD
City-St-Zip: LAKELAND, FL 33812

Title: DT () Delete
Name: IRBY, JACK L
Address: 2501 S.W. 123RD ST.
City-St-Zip: OKLAHOMA CITY, OK 73170

Title: DT () Delete
Name: ATTAWAY, BONITA
Address: 357 OLD JUSTIN RD.
City-St-Zip: ARGYLE, TX 76226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: ARANA, MARIA D
Address: 305 OLMO CT.
City-St-Zip: WINTER HAVEN, FL 33880

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

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

Title: DT (X) Change () Addition
Name: SANCHEZ, ROSA E
Address: 3911 LEHMAN CT
City-St-Zip: LAKELAND, FL 33813

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: JAMES D. BURLESON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date