

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003156

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA CHAPTER OF THE FEDERAL BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

200 E UNIVERSITY AVE STE 425  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

200 E UNIVERSITY AVE STE 425  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3578083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCHMAN, STEPHANIE M  
200 E UNIVERSITY AVE STE 425  
GAINESVILLE, FL 32601 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: P ( ) Delete  
Name: WARATUKE, ELIZABETH A  
Address: 200 E UNIVERSITY AVE STE 425  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP ( ) Delete  
Name: MARCHMAN, STEPHANIE M  
Address: 200 E UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: T (X) Delete  
Name: MCKILLOP, ELIZABETH  
Address: 207 NW 2ND ST  
City-St-Zip: OCALA, FL 34475

Title: S (X) Delete  
Name: MUTCH, SAMUEL  
Address: 2114 NW 40TH TERR STE A1  
City-St-Zip: GAINESVILLE, FL 32605

Title: C (X) Delete  
Name: GRISCTI, ROBERT  
Address: POST OFFICE BOX 508  
City-St-Zip: GAINESVILLE, FL 32602

Title: D (X) Delete  
Name: JONES, GARY R HON.  
Address: 207 NW 2ND ST RM 310  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARCHMAN, STEPHANIE M  
Address: 200 E UNIVERSITY AVE STE 425  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP (X) Change ( ) Addition  
Name: FULLER, JOHN B  
Address: PO BOX 1148  
City-St-Zip: OCALA, FL 34478

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: STEPHANIE M. MARCHMAN

P

01/22/2009

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

\_\_\_\_\_  
Date