

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006759

FILED
Mar 23, 2009
Secretary of State

Entity Name: NORTH FLORIDA CHILD DEVELOPMENT, INC.

Current Principal Place of Business:

200 N 2ND ST
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 38
WEWAHITCHKA, FL 32465 US

New Mailing Address:

FEI Number: 59-3633323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKNIGHT, JIM
124 BETTY RAE DRIVE
WEWAHITCHKA, FL 32465 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: MRS () Delete
Name: WOOTEN, SARA J
Address: PO BOX 1314
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: MR () Delete
Name: MCNAIR, DAMON
Address: 149 AVE D
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: MR () Delete
Name: KENT, DOUG
Address: 2475 GARRISON AVENUE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MR () Delete
Name: NOVAK, JEREMY T
Address: 523 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MS () Delete
Name: WALDREP, JULIA
Address: 210 NORTH DUVAL STREET
City-St-Zip: MADISON, FL 32340

Title: DR () Delete
Name: LEWIS, JEREMY
Address: 2852 APALACHEE TRAIL
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: JAMES MCKNIGHT

MR

03/23/2009

Electronic Signature of Signing Officer or Director

Date