

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006759

FILED  
Feb 16, 2010  
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 (X)**

**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  
Name: WOOTEN, SARA J  
Address: PO BOX 1314  
City-St-Zip: WEWAHITCHKA, FL 32465 US

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

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

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

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

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

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: GERALD A THOMPSON

CFO

02/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date