

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 31, 2011
Secretary of State

DOCUMENT# N99000006759

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:**MCNAIR, DAMON JR
149 AVENUE D
PORT ST. JOE, FL 32456 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: CEO
Name: GASKIN, SHARON T
Address: 236 OLD PANAMA HWY
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: CFO
Name: THOMPSON, GERALD A
Address: 3109 GARRISON AVE
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: COO
Name: MCKNIGHT, JAMES W
Address: 124 BETTY RAE DRIVE
City-St-Zip: WEWAHITCHKA, FL 32456 US

Title: S/T
Name: WOOTEN, SARA J
Address: 221 JAMES DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: PRES
Name: DAMON, MCNAIR JR
Address: 149 AVE D
City-St-Zip: PORT ST JOE, FL 32456

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 THOMPSON

CFO

01/31/2011

Electronic Signature of Signing Officer or Director

Date