

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001982

**Entity Name:** NCU ALUMNI ASSOCIATION - CENTRAL FLORIDA CHAPTER, INC.

**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC3547793811**

**Current Principal Place of Business:**

C/O NICOLA MCCLYMONT  
365 WILLET AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

POST OFFICE BOX 683275  
ORLANDO, FL 32868

**FEI Number:** 02-0683640

**Certificate of Status Desired:** No

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

CAMPBELL, SAMUEL GE  
3465 ROLLING HILLS LANE  
APOPKA, FL 32712 US

*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:** SAMUEL G. CAMPBELL

02/08/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCCLYMONT, NICOLA MS  
Address 365 WILLETTE AVENUE  
City-State-Zip: APOPKA FL 32703

Title V  
Name DALEY, EVERARD AMR.  
Address 124 MARCIA DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name CAMPBELL, SAMUEL GE  
Address 3465 ROLLING HILLS LANE  
City-State-Zip: APOPKA FL 32712

Title VP  
Name ROBINSON, BYRON CDR  
Address 3943 ROCK HILL LOOP  
City-State-Zip: APOPKA FL 32712

*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:** SAMUEL CAMPBELL

**TREASURER**

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date