

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001982

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

FILED
Feb 26, 2015
Secretary of State
CC7272161549

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: Yes

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

02/26/2015

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 G. CAMPBELL

TREASURER

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date