

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001026

Entity Name: FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3500 NW 97 BLVD
SUITE A
GAINESVILLE, FL 32606**Current Mailing Address:**P. O. BOX 358502
GAINESVILLE, FL 32635**FEI Number: 59-3812245****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOCKE, RONALD A
3500 NW 97 BOULEVARD
SUITE A
GAINESVILLE, FL 32606 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P, DIRECTOR
Name GEORGE, JOEL D
Address 8210 SW 307
City-State-Zip: TRENTON FL 32693Title TREASURER, DIRECTOR
Name CELLON, GAYE T
Address PO BOX 77
City-State-Zip: LA CROSSE FL 32658Title SECRETARY, DIRECTOR
Name MOORE, MARY LYNNE
Address 4625 NW 43RD PLACE
City-State-Zip: GAINESVILLE FL 32606Title VP, DIRECTOR
Name DAVIS, ROBERT
Address 4114 SW 111TH PLACE
City-State-Zip: LAKE BUTLER FL 32054Title DIRECTOR
Name ZUIDEMA, FAYE
Address 10317 NW 270TH AVENUE
City-State-Zip: ALACHUA FL 32615Title DIRECTOR
Name JORDAN, DONNA
Address 612 N STATE RD 21
City-State-Zip: HAWTHORNE FL 32640Title DIRECTOR
Name LOCKE, RONALD A
Address 3500 NW 97TH BLVD
SUITE A
City-State-Zip: GAINESVILLE FL 32606

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: GAYE T CELLON**TREASURER, DIRECTOR 02/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date