

2013 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
Name GEORGE, JOEL D
Address 8210 SW CR 307
City-State-Zip: TRENTON FL 32693

Title VP
Name RIDAUGHT, REBA
Address 12309 NW 112TH AVENUE
City-State-Zip: ALACHUA FL 32615

Title T
Name REGISTER, JUNE M
Address 16405 NW 270TH AVENUE
City-State-Zip: ALACHUA FL 32615

Title S
Name SANDERS, TAMMY
Address 5309 NW 15 ST
City-State-Zip: BELL FL 32619

Title D
Name HARVEY, WAYNE
Address 6316 NW 246 AVE.
City-State-Zip: ALACHUA FL 32615

Title D
Name MUNN, KELLI
Address 11950 NW 14TH ROAD
City-State-Zip: GAINESVILLE FL 32606-5789

Title DIRECTOR
Name TIBBS, ESTER
Address 4215 NW 53RD BOULEVARD
City-State-Zip: GAINESVILLE FL 32606-4361

Title DIRECTOR
Name JULI, MARCUS
Address 330 SW DUCKETT COURT
City-State-Zip: LAKE CITY FL 32024-0551

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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: JUNE REGISTER**TREASURER****02/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TOUCHSTONE, MARTIE
Address	5166 SW 150TH BOULEVARD
City-State-Zip:	LAKE BUTLER FL 32054-8171