

2021 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 32693

Title VP, DIRECTOR
Name DAVIS, ROBERT
Address 4114 SW 111TH PLACE
City-State-Zip: LAKE BUTLER FL 32054

Title DIRECTOR
Name ZUIDEMA, FAYE
Address 10317 NW 270TH AVENUE
City-State-Zip: ALACHUA FL 32615

Title SECRETARY, DIRECTOR
Name JORDAN, DONNA
Address 612 N STATE RD 21
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name LOCKE, RONALD A
Address 3500 NW 97TH BLVD
SUITE A
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER, DIRECTOR
Name CELLON, JR, WILLIAM E
Address PO BOX 77
City-State-Zip: LACROSSE FL 32658

Title DIRECTOR
Name HUNTER, GARY
Address 6171 NW 85TH PLACE
City-State-Zip: CHIEFLAND FL 32626

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: WILLIAM E CELLON, JR**TREASURER, DIRECTOR 02/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date