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. 03/15/2015 TREASURER/DIRECTOR

SIGNATURE: WILLIAM E CELLON JR

Name	CELLON, WILLIAM E JR.	Maine	MOORE, MARTETNINE
Address	PO BOX 77	Address	4625 NW 43RD PLACE
City-State-Zip:	LA CROSSE FL 32658	City-State-Zip:	GAINESVILLE FL 32606
Title	DIRECTOR	Title	DIRECTOR
Name	BLACKMON, TONYA	Name	TOUCHSTONE, MARTIE
Address	PO BOX 253	Address	5166 SW 150TH BOULEVARD
City-State-Zip:	MCINTOSH FL 32664	City-State-Zip:	LAKE BUTLER FL 32054-817
Title	DIRECTOR	Title	DIRECTOR
Name	TERRY, ELIXSON	Name	RENICK, ANGELA
Address	18600 NW 262ND AVE	Address	2420 NE 80TH AVE
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	HIGH SPRINGS FL 32643

SIGNATURE:

C

Officer/Director Detail :				
BLVD				
L 32606				
RECTOR				
LYNNE				
PLACE				
L 32606				
MARTIE				
BOULEVARD				
FL 32054-8171				
A				
VE				

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.

LOCKE, RONALD A 3500 NW 97 BOULEVARD SUITE A

GAINESVILLE, FL 32606 US

SUITE A GAINESVILLE, FL 32606

3500 NW 97 BLVD

Current Mailing Address:

P. O. BOX 358502 GAINESVILLE, FL 32635

FEI Number: 59-3812245

Name and Address of Current Registered Agent:

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0500001026

Current Principal Place of Business:

Entity Name: FRIENDS OF CHILDREN OF NORTH CENTRAL FLORIDA, INC.

Date

FILED Mar 15, 2015 Secretary of State CC4321465321

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail