

**2016 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 CR 307  
City-State-Zip: TRENTON FL 32693

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

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

Title SECRETARY, DIRECTOR  
Name MOORE, MARY LYNNE  
Address 4625 NW 43RD PLACE  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name BLACKMON, TONYA  
Address PO BOX 253  
City-State-Zip: MCINTOSH FL 32664

Title 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

*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****03/10/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date