

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001026

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

**FILED**  
**Apr 13, 2014**  
**Secretary of State**  
**CC3688214142**

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

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

*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**

**04/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date