

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008511

Entity Name: NCFUSBCWBA, INC.

Current Principal Place of Business:

% KAREN COLEMAN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643

Current Mailing Address:

% KAREN COLEMAN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643

FEI Number: 83-0436123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, KAREN
184 SE COLEMAN LN
HIGH SPRINGS, FL 32643 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 DONBIER, CLE
Address 9831 NE 93RD ST
City-State-Zip: BRONSON FL 32621

Title D
Name COX, LUANN M
Address 18051 NE 35TH STREET
City-State-Zip: WILLISTON FL 32696

Title AM/D
Name BIERMAN, JEANNE
Address 6023 NW 105TH PL
City-State-Zip: ALACHUA FL 32615

Title AM
Name COLEMAN, KAREN
Address 184 SE COLEMAN LN
City-State-Zip: HIGH SPRINGS FL 32643

Title D
Name BILODEAU, JACQUELYN
Address 326 SW 183RD RD
City-State-Zip: MICANOPY FL 32667

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: JEANNE BIERMAN

ADMINISTRATIVE ASSIST 03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date