2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2013
Secretary of State
CC4999153710

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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	VP
Name	HEIMER, KATHY
Address	10829 SW 86TH DR
City-State-Zip:	GAINESVILLE FL 32608

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 ASSIST MANAGER 04/04/2013

Electronic Signature of Signing Officer/Director Detail — Date