

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004529

**Entity Name:** NORTH CENTRAL FLORIDA FCC, INC.**Current Principal Place of Business:**725 NW 40TH TERRACE  
GAINESVILLE, FL 32607**Current Mailing Address:**725 NW 40TH TERRACE  
GAINESVILLE, FL 32607**FEI Number:** 27-2777575**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLEEKER, TAMMY  
725 NW 40TH TERRACE  
GAINESVILLE, FL 32607 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	DP
Name	BLEEKER, TAMMY
Address	725 NW 40TH TERRACE
City-State-Zip:	GAINESVILLE FL 32607

Title	DT
Name	WAITE, GWEN
Address	PO BOX 385
City-State-Zip:	MELROSE FL 32666

Title	D
Name	SCHOFIELD, KAREN
Address	4121 NW 34TH DRIVE
City-State-Zip:	GAINESVILLE FL 32605

Title	D
Name	MILLER-RIDLON, RAMONA
Address	4215 NW 32ND STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	DS
Name	MILLER, JENNIFER
Address	11324 NW 35TH AVE
City-State-Zip:	GAINESVILLE FL 32606

Title	D
Name	CONNORS, AMELIA
Address	8585 SW 91ST PLACE
City-State-Zip:	GAINESVILLE FL 32608

*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:** GWEN WAITE**TREASURER****03/01/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date