## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000011516

Entity Name: NORTH CENTRAL FLORIDA COMMUNITY DEVELOPMENT

**CORPORATION** 

**Current Principal Place of Business:** 

15712 NW 140TH STREET ALACHUA, FL 32615

**Current Mailing Address:** 

P.O. BOX 1088

ALACHUA, FL 32616 US

FEI Number: 84-3600482 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, TAMMY 15712 NW 140TH STREET ALACHUA, FL 32615 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: TAMMY ALLEN 03/01/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleOFFICERTitleTREASURERNameFRAZIER, RAYLANNameALLEN, TAMMYAddressPO BOX 1088AddressPO BOX 1088

City-State-Zip: ALACHUA FL 32616 City-State-Zip: ALACHUA FL 32616

Title VC Title CHAIRMAN

Name HOLMES, BRANDI Name WEEKS, ADRIAN S

Address PO BOX 1088 Address 15712 NW 140TH STREET

City-State-Zip: ALACHUA FL 32616 City-State-Zip: ALACHUA FL 32615

City-State-Zip: ALACHUA FL 32616 City-State-Zip: ALACHUA FL 326

TitlePRESIDENTTitleSECRETARYNameWEEKS, KIMARANameKING, KISTA

Address 15712 NW 140TH STREET Address 15712 NW 140TH STREET

City-State-Zip: ALACHUA FL 32615

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: KIMARA WEEKS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/01/2023

Date

FILED Mar 01, 2023

**Secretary of State** 

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