

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050524

Entity Name: NONPROFIT MANAGEMENT CONSULTING, LLC

Current Principal Place of Business:

5015 NW 24TH DRIVE
GAINESVILLE, FL 32605

Current Mailing Address:

5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 US

FEI Number: 26-7572172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, JEANNETTE
5015 NW 24TH DRIVE
GAINESVILLE, FL 32605 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

Authorized Person(s) Detail :

Title MGRM
Name PETERS, JEANNETTE
Address 5015 NW 24TH DRIVE
City-State-Zip: GAINESVILLE FL 32605

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANNETTE PETERS

MGRM

01/26/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date