


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90035 013 ****61.25

DOCUMENT # F93000001682

1. Entity Name
 THE NATIONAL ASSOCIATION FOR THE
 CRANIOFACIALLY HANDICAPPED, INCORPORATED



Principal Place of Business
 744 MCCALLIE AVE.,
 SUITE 207
 CHATTANOOGA, TN 37403

Mailing Address
 P. O. BOX 11082
 CHATTANOOGA, TN 37401 US

20051600



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 23-7069285 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

PATE, PEGGY
 DIANA DRIVE
 RT 5 BOX 266-B
 LAKE CITY, FL 32024

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEST, THILO H 1220 SUNSET DR SIGNAL MOUNTAIN, TN 37377 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, WILLIAM F 4 PRIMROSE CIRLCE SIGNAL MOUNTAIN, TN 37377 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLANCETT, TODD 2733 KANASITA DRIVE HIXSON, TN 37343 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAYFIELD, LYNNE 7129 SARATOGA LANE CHATTANOOGA, TN 37421 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAVAGE, RACHEL 1610 ROCKLAND COURT CLEVELAND, TN 37311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PERRY, STEPHEN T 5803 SAWYER ROAD SIGNAL MOUNTAIN, TN 37377 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynne G. Mayfield* LYNNE G. MAYFIELD 4-7-2005 800-332-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #