


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F93000001682 1. Entity Name THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED |  |
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| Principal Place of Business 744 MCCALLIE AVE., SUITE 207 CHATTANOOGA, TN 37403 | Mailing Address P. O. BOX 11082 CHATTANOOGA, TN 37401 US |
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DO NOT WRITE IN THIS SPACE



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| 03142006 No Chg-NP | CR2E037 (11/05) |
| 4. FEI Number 23-7069285 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. 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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| Filing Fee is \$81.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE:  LYNNE G. MAYFIELD, PRESIDENT | Date: 4/20/06 | Daytime Phone: 423-266-1632 |
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