

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001682

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED

**Current Principal Place of Business:**

744 MCCALLIE AVE.,  
SUITE 207  
CHATTANOOGA, TN 37403

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 11082  
CHATTANOOGA, TN 37401 US

**New Mailing Address:**

FEI Number: 23-7069285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BEST, THILO H  
Address: 1220 SUNSET DR  
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

Title: D  
Name: JOHNSON, WILLIAM F  
Address: 4 PRIMROSE CIRLCE  
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

Title: D  
Name: BLANCETT, TODD  
Address: 2733 KANASITA DRIVE  
City-St-Zip: HIXSON, TN 37343

Title: P  
Name: MAYFIELD, LYNNE  
Address: 7129 SARATOGA LANE  
City-St-Zip: CHATTANOOGA, TN 37421

Title: D  
Name: STEFFNER, SARAH  
Address: 2842 ENCLAVE BAY DRIVE  
City-St-Zip: CHATTANOOGA, TN 37415

Title: T  
Name: PERRY, STEPHEN T  
Address: 5803 SAWYER ROAD  
City-St-Zip: SIGNAL MOUNTAIN, TN 37377

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: LYNNE MAYFIELD

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date