

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001682

FILED
Apr 09, 2013
Secretary of State
CC2877995718

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

Current Principal Place of Business:

744 MCCALLIE AVE.,
SUITE 207
CHATTANOOGA, TN 37403

Current Mailing Address:

P. O. BOX 11082
CHATTANOOGA, TN 37401 US

FEI Number: 23-7069285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title D
Name KELLEY, CAROL
Address 8439 SHADETREE LANE
City-State-Zip: OOLTEWAH TN 37363

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

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

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

Title D
Name SELLERS, JOHN
Address 503 FERN TRAIL
City-State-Zip: SIGNAL MOUNTAIN TN 37377

Title DIRECTOR
Name BLANCETT, TODD
Address 7213 NOAH REID RD
City-State-Zip: CHATTANOOGA TN 37421

Title TREASURER
Name THAL, JAKE
Address 13 BIG ROCK ROAD
City-State-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 G MAYFIELD

PRESIDENT

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date