

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthof  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 21 1996 8:00 am  
Secretary of State

DOCUMENT # F93000001682 (4)  
1. Corporation Name

THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY HANDICAPPED, INCORPORATED



Principal Place of Business: 744 MCCALLIE AVE. SUITE 433 CHATTANOOGA TN 37403  
Mailing Address: P. O. BOX 11082 CHATTANOOGA TN 37401 US

3. Date Incorporated or Qualified: 04/05/1993  
3a. Date of Last Report: 03/08/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	23-7069285	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROWBRIDGE, JUDY A 8979 SW 44TH LANE GAINESVILLE FL 32608	81. Name	Peggy Pate
	82. Street Address (P.O. Box Number is Not Acceptable)	Diana Dr
	83.	Rt 5, Box 266B
	84. City	Lake City FL 32024

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Peggy A. Pate* (NOTE: Registered Agent signature required when reinstating) DATE: 2-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SUSAN T	1.2 NAME	Thilo H. Best
STREET ADDRESS	715 OXFORD RD	1.3 STREET ADDRESS	1220 Sunset Dr
CITY-ST-ZIP	CHATTANOOGA TN	1.4 CITY-ST-ZIP	Signal Mountain TN 37377
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, THILO H	2.2 NAME	Jane Armstrong Fitzpatrick
STREET ADDRESS	1220 SUNSET DR	2.3 STREET ADDRESS	89 S Crest Rd
CITY-ST-ZIP	SIGNAL MOUNTAIN TN	2.4 CITY-ST-ZIP	Chattanooga TN
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKERY, WILMA B	3.2 NAME	Booker T Scruggs, II
STREET ADDRESS	8802 CARON DR	3.3 STREET ADDRESS	Upward Bound-U T C-615 McCallie Ave
CITY-ST-ZIP	CHATTANOOGA TN	3.4 CITY-ST-ZIP	Chattanooga TN 37403
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, DAVID L	4.2 NAME	
STREET ADDRESS	FIRST TN BANK-701 MARKET ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<del>700001753651</del>
STREET ADDRESS		5.3 STREET ADDRESS	<del>-03/22/96---01011---013</del>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<del>***61.25</del>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	700001753651
STREET ADDRESS		6.3 STREET ADDRESS	-03/22/96---01011---013
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thilo H. Best, CHAIRMAN 2/28/96* DATE: 2-27-96 DAYTIME PHONE: 473-698-1512

CR2E037 (12/95)