

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90169 027 ****61.25

DOCUMENT # F93000001682

1. Entity Name

THE NATIONAL ASSOCIATION FOR THE CRANIOFACIALLY

LA

Principal Place of Business

Mailing Address

744 MCCALLIE AVE., SUITE 433
 CHATTANOOGA TN 37403

P. O. BOX 11082
 CHATTANOOGA TN 37401
 US

A0073374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 207

City & State

City & State

4. FEI Number

23-7069285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D BEST, THILO H	<input type="checkbox"/> Delete
STREET ADDRESS	1220 SUNSET DR	
CITY-ST-ZIP	SIGNAL MOUNTAIN TN 37377	
TITLE NAME	CD KENT, JONATHAN F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	832 GEORGIA AVE	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE NAME	CD HAYS, ROBIN	<input type="checkbox"/> Delete
STREET ADDRESS	825 OLD DALLAS RD	
CITY-ST-ZIP	CHATTANOOGA TN 37405	
TITLE NAME	P MAYFIELD, LYNNE	<input type="checkbox"/> Delete
STREET ADDRESS	7129 SARATOGA LANE	
CITY-ST-ZIP	CHATTANOOGA TN 37421	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D William F. Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4 Primrose Circle	
CITY-ST-ZIP	Signal Mountain, TN 37377	
TITLE NAME	SD Rachel Savage	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1610 Rockland Court	
CITY-ST-ZIP	Cleveland, TN 37311	

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 fees empowered.

SIGNATURE:

Lynne Mayfield
 LYNNE MAYFIELD

6/7/01

423-266-1632