

SCC eFile  
(6/10)

**2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

210501627

1.) CORPORATION NAME:

**NATIONAL ASSOCIATION OF CREDIT MANAGEMENT  
OFFFLORIDA, INC.**

DUE DATE: **9/8/2010**

SCC ID NO: **F1830308**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
JAMES D FULLERTON  
12642 CHAPEL RD  
CLIFTON, VA 20124**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6290 EDGEWATER DRIVE

CITY/ST/ZIP: ORLANDO, FL 32810-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ANTHOY GODDARD  
TITLE: PRESIDENT  
ADDRESS: 62910 EDGEWATER DRIVE  
CITY/ST/ZIP/CO: ORLANDO, FL 32810-

OFFICER  DIRECTOR

NAME: ANN LACK  
TITLE: VICE PRESIDENT  
ADDRESS: 6290 EDGEWATER DRIVE  
CITY/ST/ZIP/CO: ORLANDO, FL 32810-

OFFICER  DIRECTOR

NAME: PAMELA RICARDO  
TITLE: VICE PRESIDENT  
ADDRESS: 6290 EDGEWATER DRIVE  
CITY/ST/ZIP/CO: ORLANDO, FL 32810-

OFFICER  DIRECTOR

NAME: NORMAN MCKENZIE  
TITLE: DIRECTOR  
ADDRESS: 500 SAWGRASS CORPORATE PKWY  
CITY/ST/ZIP/CO: SUNRISE, FL 33325-

OFFICER  DIRECTOR

NAME: MICAH EL WRIGHT  
TITLE: DIRECTOR  
ADDRESS: 6701 90TH AVE N  
CITY/ST/ZIP/CO: PINELLAS PARK, FL 33782-

OFFICER  DIRECTOR

NAME: RONALD JOHNSON TITLE: DIRECTOR ADDRESS: 3610 BUSH ST CITY/ST/ZIP/CO: RALEIGH, NC 27609-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN HAYNES TITLE: DIRECTOR ADDRESS: PO BOX 29682 CITY/ST/ZIP/CO: RICHMOND, VA 23242-0682	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS LARKINS TITLE: DIRECTOR ADDRESS: 485 N KELLER RD STE 110 CITY/ST/ZIP/CO: MAITLAND, FL 32751-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATTY UDDO TITLE: DIRECTOR ADDRESS: 314 W LANDSTREET CITY/ST/ZIP/CO: ORLANDO, FL 32824-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ART TIGERA TITLE: DIRECTOR ADDRESS: 2850 NW 120TH TERRACE CITY/ST/ZIP/CO: MIAMI, FL 33167-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY TAGGART TITLE: DIRECTOR ADDRESS: 7765 OLD TELEGRAPH RD CITY/ST/ZIP/CO: SEVERN, MD 21144-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE LINLEY TITLE: DIRECTOR ADDRESS: 1001 JUPITER PARK DR STE 108 CITY/ST/ZIP/CO: JUPITER, FL 33458-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM SACHER TITLE: DIRECTOR ADDRESS: 2665 S BAYSHORE DR STE 904 CITY/ST/ZIP/CO: COCONUT GROVE, FL 33133-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ANN LACK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN LACK, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
9/8/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	