

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211531382

1.) CORPORATION NAME:

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

DUE DATE: **7/31/2011**

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

|       |            |
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| 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: KAREN HAYNES  
TITLE: DIRECTOR  
ADDRESS: PO BOX 29682  
CITY/ST/ZIP/CO: RICHMOND, VA 23242-0682

OFFICER  DIRECTOR

NAME: RONALD JOHNSON  
TITLE: DIRECTOR  
ADDRESS: 3610 BUSH ST  
CITY/ST/ZIP/CO: RALEIGH, NC 27609-

OFFICER  DIRECTOR

NAME: CHRIS LARKINS  
TITLE: DIRECTOR  
ADDRESS: 485 N KELLER RD STE 110  
CITY/ST/ZIP/CO: MAITLAND, FL 32751-

OFFICER  DIRECTOR

NAME: GEORGE LINLEY  
TITLE: DIRECTOR  
ADDRESS: 1001 JUPITER PARK DR STE 108  
CITY/ST/ZIP/CO: JUPITER, FL 33458-

OFFICER  DIRECTOR

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

OFFICER  DIRECTOR

|  |   |
|--|---|
| NAME: TOM SACHER<br>TITLE: DIRECTOR<br>ADDRESS: 2665 S BAYSHORE DR STE 904<br>CITY/ST/ZIP/CO: COCONUT GROVE, FL 33133-   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LARRY TAGGART<br>TITLE: DIRECTOR<br>ADDRESS: 7765 OLD TELEGRAPH RD<br>CITY/ST/ZIP/CO: SEVERN, MD 21144-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ART TIGERA<br>TITLE: DIRECTOR<br>ADDRESS: 2850 NW 120TH TERRACE<br>CITY/ST/ZIP/CO: MIAMI, FL 33167-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PATTY UDDO<br>TITLE: DIRECTOR<br>ADDRESS: 314 W LANDSTREET<br>CITY/ST/ZIP/CO: ORLANDO, FL 32824-   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL WRIGHT<br>TITLE: DIRECTOR<br>ADDRESS: 6701 90TH AVE N<br>CITY/ST/ZIP/CO: PINELLAS PARK, FL 33782-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANTONY GODDARD<br>TITLE: PRESIDENT<br>ADDRESS: 62910 EDGEWATER DRIVE<br>CITY/ST/ZIP/CO: ORLANDO, FL 32810-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: WILLIAM JIMENEZ<br>TITLE: VICE PRESIDENT<br>ADDRESS: 6290 EDGEWATER DR<br>CITY/ST/ZIP/CO: ORLANDO, FL 32810-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: ANN LACK<br>TITLE: CFO<br>ADDRESS: 6290 EDGEWATER DRIVE<br>CITY/ST/ZIP/CO: ORLANDO, FL 32810-  | <input checked="" type="checkbox"/> OFFICER <input 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   | ANN LACK, CFO   |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | 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. |   |