2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90014 005 ****61.25

DOCUMENT # N01000000513

1. Entity Name
NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207	1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3700428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAME, JILL
1300 RIVERPLACE BLVD.
SUITE 320
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name Rena Coughlin
Street Address (P.O. Box Number is Not Acceptable) 1300 Riverplace Blvd.
Suite 320
City Jacksonville FL Zip Code 32207

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rena M Coughlin Rena Coughlin 1.30.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEPENIK, LOIS 2434 ATLANTIC BLVD STE 100 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition See attached
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, CLEVE 1300 RIVERPLACE BLVD STE 105 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAMER, CHARLES R P.O. BOX 40809 JACKSONVILLE, FL 322030809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, CONNIE 1300 RIVERPLACE BLVD STE 500 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLEY, BETTY 5423 SANDERS ROAD JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, J F 3201 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Rena M. Coughlin 1.30.06 904.390.3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40010772 / # N01000000513

10. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, KEVIN 117 WEST DUVAL STREET JACKSONVILLE, FL 32202	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIPPS, ALBERTA 6502 SHINDLER DRIVE JACKSONVILLE, FL 32222	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORN, MICHAEL 225 WATER STREET, STE 2100 JACKSONVILLE, FL 32202	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIBBIN-MORAN, AUDREY 3500 CARDINAL PT DRIVE STE TWO JACKSONVILLE, FL 32257	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, DAVALU P.O BOX 43126 JACKSONVILLE, FL 32203	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALTEN, MARLENE 7400 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWLER, SUSAN 4800 DEERWOOD CAMPUS PW #300 JACKSONVILLE, FL 32246-8273	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	× Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	× Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	× Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	× Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☐ Change × Addition