

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000513

FILED
Apr 22, 2009
Secretary of State

Entity Name: NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3700428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COUGHLIN, RENA
1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARREN, CLEVE
Address: 1300 RIVERPLACE BLVD STE 105
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CRAMER, CHARLES R
Address: P.O. BOX 40809
City-St-Zip: JACKSONVILLE, FL 322030809

Title: D () Delete
Name: CARLEY, BETTY
Address: 5423 SANDERS ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: BRYAN, J F
Address: 3201 INDEPENDENT SQUARE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENA COUGHLIN

MS.

04/22/2009

Electronic Signature of Signing Officer or Director

Date