


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90374 028 ****61.25

DOCUMENT # N46543
 1. Entity Name
NORTH EAST BUSINESS ASSOCIATION, INC.



Principal Place of Business
2762 CAPITAL CIRCLE NE 3113 CAPITAL MEDICAL BLVD.
 TALLAHASSEE, FL 32308

Mailing Address
2762 CAPITAL CIRCLE NE P.O. BOX 12591
TALLAHASSEE, FL 32300-32317



2. Principal Place of Business		3. Mailing Address		04282004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3091799	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MUNROE, MARGARET 2762 CAPITAL CIR NE TALLAHASSEE, FL 32308			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 _____
 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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULL, ALAN R		NAME	with Messer, Will	
STREET ADDRESS	7552 CAMERO DR.		STREET ADDRESS	4052 KILMARTIN DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULL, ALAN		NAME	THOMPSON, MAUREEN	
STREET ADDRESS	3610-2 SHAMROCK WEST		STREET ADDRESS	2978 GIVERNY CIR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MAUREEN		NAME	BURNS, NANCY	
STREET ADDRESS	2978 GIVERNY CIR		STREET ADDRESS	P.O. BOX 727	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, BARBARA		NAME	Clements, Barbara	
STREET ADDRESS	3113 CAPITAL MEDICAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, TED		NAME		
STREET ADDRESS	1469 VIEUX CARRE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, ADAM		NAME		
STREET ADDRESS	2700 APALACHEE PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		

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 like empowered.

SIGNATURE: Barbara H Clements Date: 4-29-04 Daytime Phone #: 850 942 6434