

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**


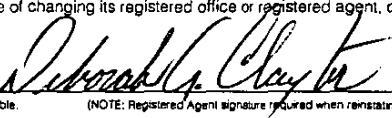
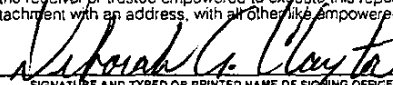
02-16-2005 90035 024 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**50015827**



02042005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N93000004268</b>					
1. Entity Name <b>NORTHEAST FLORIDA WOMEN IN INTERNATIONAL TRADE, INC.</b>					
Principal Place of Business <b>2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206</b>			Mailing Address <b>ATTN: DEBORAH G. CLAYTOR P.O. BOX 3005 JACKSONVILLE, FL 32206</b>		
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 <b>59-3204508</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				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	
<b>LOFBERG, DEBORAH 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206</b>				Name <b>Deborah G. Claytor</b>	
				Street Address (P.O. Box is not acceptable) <b>2831 Talleyrand Avenue</b>	
				City <b>Jacksonville</b> <b>FL</b> <b>32206</b>	
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.  Deborah G. Claytor SIGNATURE  02/09/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENCER, DAGMAR 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Deborah G. Claytor 2831 Talleyrand Avenue Jacksonville, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARAKAT, KARAN 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Nancy J. Olson 220 E. Bay Street Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOFBERG, DEBORAH 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Graham Martin 10245 Centurion Pkwy, #200 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLAYTOR, DEBORAH G 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ellen Ludeking 220 E. Forsyth Street Jacksonville, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CUMINS, KATELIN 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OLSON, NANCY 2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: 				February 9, 2005 904/630-3053	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	