

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# N99000007126

Entity Name: NE - SE INCORPORATED

Current Principal Place of Business:

3233 ERNEST ST.
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P O BOX 41431
JACKSONVILLE, FL 322031431

New Mailing Address:

3233 ERNEST ST
JACKSONVILLE, FL 32205

FEI Number: 52-2281320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, BEVERLY C
542 W 18TH ST
JACKSONVILLE, FL 32206 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: T () Delete
Name: JONES, LORNA
Address: 1755 LEON ROAD
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: CARTER, ROSALIND K
Address: 2445 DUNN AVE., #503
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: MARTIN, BINK
Address: 1927 W. 26TH ST.
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: THOMAS, KAREN
Address: 1642 SPRING BRANCH DR E
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: YOUNG, DOTTYE
Address: 11560 KEY BISCAYNE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: TURNER, SHELIA
Address: 3233 ERNEST ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CARTER, ROSALIND K
Address: 10797 BRANDON CHASE DR
City-St-Zip: JACKSONVILLE, FL 32219

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 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 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: SHELIA TURNER

Electronic Signature of Signing Officer or Director

OFFI

06/28/2005

_____ Date