

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 16, 2006  
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:**

3233 ERNEST ST  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 52-2281320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: 10797 BRANDON CHASE DR  
City-St-Zip: JACKSONVILLE, FL 32219

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: ( ) 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:

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 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: SHELIA TURNER

OFFI

03/16/2006

Electronic Signature of Signing Officer or Director

Date