2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90039 048 ****61.25

J40000033

DOCUMENT # N01000000513

1. Entity Name
NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207	1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207

02262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3700428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVER, JONATHAN 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207	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 _____ 3-5-04
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. ☐ **$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	D CHEPENIK, LOIS 2434 ATLANTIC BLVD STE 100 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bruce Barcelo 1815 Olevia Street Jacksonville, Florida 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAME, JILL L 2905 GRAND AVE JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alvin Brown 550 Water Street, 200 Jacksonville, Florida 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBOW, LAWRENCE J 4801 EXECUTIVE PARK CT STE 100 JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles R. Cramer P.O. Box 40809 Jacksonville, Florida 32203-0809	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, CONNIE 1300 RIVERPLACE BLVD STE 500 JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Foster 8291 Riding Club Road East Jacksonville, Florida 32222	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLEY, BETTY 5423 SANDERS ROAD JACKSONVILLE, FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Alberta Hipps 6502 Shindler Drive Jacksonville, Florida	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, J F 3201 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Michael Korn 225 Water Street, Suite 2100 Jacksonville, Florida 32202	☐ Change ☒ Addition

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: _____ 3-5-04 904.396.3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54015653

DOCUMENT #N01000000513

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City & State		City & State	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEPENIK, LOIS 2434 ATLANTIC BLVD STE 100 JACKSONVILLE, FL 32207	☐ Delete	D Audrey Moran (Mc.Kibbin) 9356 River Pine Road Jacksonville, Florida 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAME, JILL L 2905 GRAND AVE JACKSONVILLE, FL 32210	☐ Delete	D Davy Parrish 1824 Pearl Street Jacksonville, Florida 32203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBOW, LAWRENCE J 4801 EXECUTIVE PARK CT STE 100 JACKSONVILLE, FL 32216	☒ Delete	D Marlene Spalten 7400 San Jose Boulevard Jacksonville, Florida 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGES, CONNIE 1300 RIVERPLACE BLVD STE 500 JACKSONVILLE, FL 32207	☐ Delete	D Susan Towler 4800 Deerwood Campus Parkway #300, 4th Fl Jacksonville, Florida 32246-8273	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLEY, BETTY 5423 SANDERS ROAD JACKSONVILLE, FL 32277	☐ Delete		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, J F 3201 INDEPENDENT SQUARE JACKSONVILLE, FL 32202	☐ Delete	D Robert A. White 300 West Water Street, Suite 201 Jacksonville, Florida 32202	☐ Change ☐ Addition

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SIGNATURE: _____ 3-5-04 904.390.3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #