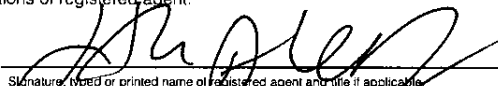
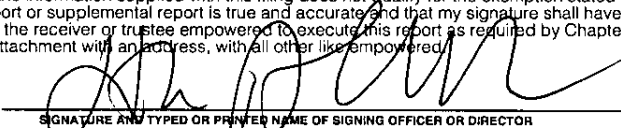


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90039 048 ****61.25

DOCUMENT # N01000000513					
1. Entity Name NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			Mailing Address 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3700428	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVER, JONATHAN 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent 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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3-5-04	
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 D NAME CHEPENIK, LOIS STREET ADDRESS 2434 ATLANTIC BLVD STE 100 CITY-ST-ZIP JACKSONVILLE, FL 32207	☐ Delete		TITLE D NAME Bruce Barcelo STREET ADDRESS 1815 Olevia Street CITY-ST-ZIP Jacksonville, Florida 32207	☐ Change ☒ Addition	
TITLE D NAME DAME, JILL L STREET ADDRESS 2905 GRAND AVE CITY-ST-ZIP JACKSONVILLE, FL 32210	☐ Delete		TITLE D NAME Alvin Brown STREET ADDRESS 550 Water Street, 200 CITY-ST-ZIP Jacksonville, Florida 32208	☐ Change ☒ Addition	
TITLE D NAME DUBOW, LAWRENCE J STREET ADDRESS 4801 EXECUTIVE PARK CT STE 100 CITY-ST-ZIP JACKSONVILLE, FL 32216	☒ Delete		TITLE D NAME Charles R. Cramer STREET ADDRESS P.O. Box 40809 CITY-ST-ZIP Jacksonville, Florida 32203-0809	☐ Change ☒ Addition	
TITLE D NAME HODGES, CONNIE STREET ADDRESS 1300 RIVERPLACE BLVD STE 500 CITY-ST-ZIP JACKSONVILLE, FL 32207	☐ Delete		TITLE D NAME David Foster STREET ADDRESS 8991 Riding Club Road East CITY-ST-ZIP Jacksonville, Florida 32222	☐ Change ☒ Addition	
TITLE D NAME CARLEY, BETTY STREET ADDRESS 5423 SANDERS ROAD CITY-ST-ZIP JACKSONVILLE, FL 32277	☐ Delete		TITLE D NAME Alberta Hipps STREET ADDRESS 6502 Shindler Drive CITY-ST-ZIP Jacksonville, Florida	☐ Change ☒ Addition	
TITLE D NAME BRYAN, J F STREET ADDRESS 3201 INDEPENDENT SQUARE CITY-ST-ZIP JACKSONVILLE, FL 32202	☐ Delete		TITLE D NAME Michael Korn STREET ADDRESS 225 Water Street, Suite 2100 CITY-ST-ZIP 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: 			Date 3-5-04 Daytime Phone # 904.380.3230		

04010000



02262004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL Zip Code

Attachment

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54015653

DOCUMENT # <u>N01000000513</u>					
1. Entity Name NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			Mailing Address 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 <u>[Signature]</u> DATE <u>3-5-04</u> (NOTE: Registered Agent signature required when reinstating)					
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	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CHEPENIK, LOIS		NAME	Audrey Moran (McKibbin)	
STREET ADDRESS	2434 ATLANTIC BLVD STE 100		STREET ADDRESS	9356 River Pine Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DAME, JILL L		NAME	Davy Parrish	
STREET ADDRESS	2905 GRAND AVE		STREET ADDRESS	1824 Pearl Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, Florida 32203	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DUBOW, LAWRENCE J		NAME	Marlene Spalten	
STREET ADDRESS	4801 EXECUTIVE PARK CT STE 100		STREET ADDRESS	7400 San Jose Boulevard	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville, Florida 32217	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	HODGES, CONNIE		NAME	Susan Towler	
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500		STREET ADDRESS	4800 Deerwood Campus Parkway #300, 4th Fl	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, Florida 32246-8273	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	CARLEY, BETTY		NAME	[Blacked out]	
STREET ADDRESS	5423 SANDERS ROAD		STREET ADDRESS	[Blacked out]	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	[Blacked out]	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	BRYAN, J F		NAME	Robert A. White	
STREET ADDRESS	3201 INDEPENDENT SQUARE		STREET ADDRESS	300 West Water Street, Suite 201	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	Jacksonville, Florida 32202	
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: <u>[Signature]</u> DATE <u>3-5-04</u> DAYTIME PHONE # <u>904.390.3230</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					