


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 005 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3700428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAME, JILL 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207				Name Rena Coughlin Street Address (P.O. Box Number is Not Acceptable) 1300 Riverplace Blvd. Suite 320 City JACKSONVILLE FL 32207	
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><i>Rena H. Coughlin</i></u> Rena Coughlin 1.30.06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHEPENIK, LOIS	NAME	See attached		
STREET ADDRESS	2434 ATLANTIC BLVD STE 100	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARREN, CLEVE	NAME			
STREET ADDRESS	1300 RIVERPLACE BLVD STE 105	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAMER, CHARLES R	NAME			
STREET ADDRESS	P.O. BOX 40809	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322030809	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGES, CONNIE	NAME			
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLEY, BETTY	NAME			
STREET ADDRESS	5423 SANDERS ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYAN, J F	NAME			
STREET ADDRESS	3201 INDEPENDENT SQUARE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.					
SIGNATURE: <u><i>Rena H. Coughlin</i></u> 1.30.06 904.390.3222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40010772 / # N0100000513

10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				HYDE, KEVIN 117 WEST DUVAL STREET JACKSONVILLE, FL 32202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				HIPPS, ALBERTA 6502 SHINDLER DRIVE JACKSONVILLE, FL 32222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				KORN, MICHAEL 225 WATER STREET, STE 2100 JACKSONVILLE, FL 32202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				MCKIBBIN-MORAN, AUDREY 3500 CARDINAL PT DRIVE STE TWO JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				PARRISH, DAVALU P.O BOX 43126 JACKSONVILLE, FL 32203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				SPALTEN, MARLENE 7400 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
				TOWLER, SUSAN 4800 DEERWOOD CAMPUS PW #300 JACKSONVILLE, FL 32246-8273				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	× Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input type="checkbox"/> Change	× Addition		