

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000513

Entity Name: NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207

FEI Number: 59-3700428

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COUGHLIN, RENA
1301 RIVERPLACE BLVD.
SUITE 301
JACKSONVILLE, FL 32207 US

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

Officer/Director Detail :

Title CHAIRMAN
Name SMITH, CONNIE
Address 1 INDEPENDENT DRIVE, 10TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name ROOLE, BARBARA
Address ONE INDEPENDENT DR.
STE. 1400
City-State-Zip: JACKSONVILLE FL 32202

Title VC
Name COOK, SANDRA
Address 140 LAUREL LANE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY
Name RIELEY, R. WAYNE
Address 4615 PHILIPS HWY
City-State-Zip: JACKSONVILLE FL 32207

I hereby 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 all other like empowered.

SIGNATURE: CONNIE SMITH

BOARD CHAIRMAN

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date