

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000513

Entity Name: NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202**Current Mailing Address:**40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 US**FEI Number:** 59-3700428**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COUGHLIN, RENA
40 EAST ADAMS STREET
SUITE 100
JACKSONVILLE, FL 32202 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 OFFICER
Name MONTEIRO-TRIBBLE, VELMA
Address 4800 DEERWOOD CAMPUS PARKWAY
DCC 3-4
City-State-Zip: JACKSONVILLE FL 32246-8273

Title CEO
Name COUGHLIN, RENA
Address 40 EAST ADAMS STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title VC
Name JOHNSON, LISA V
Address 40 EAST ADAMS STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY
Name ENSIGN, KATIE
Address 40 EAST ADAMS STREET
SUITE 300
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN
Name CONNER, TIMOTHY
Address 50 NORTH LAURA ST
SUITE 3900
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name FREED, MICHAEL
Address 225 WATER
SUITE 1750
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name INMAN, D SAM
Address 637 N LEE STREET
City-State-Zip: JACKSONVILLE FL 32204

Title OFFICER
Name DUNN, AJANI
Address 4500 SAN PABLO ROAD
City-State-Zip: JACKSONVILLE FL 32224

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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: RENA COUGHLIN

CEO

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name FINCHER, HEATHER
Address ONE INDEPENDENT DRIVE
10TH FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name HICKS, DENO
Address 13245 ATLANTIC BOULEVARD
SUITE 4-555
City-State-Zip: JACKSONVILLE FL 32225

Title OFFICER
Name MORRIS, TYLER
Address 2709 ART MUSEUM DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name GRAHAM, CATHERINE
Address 3563 PHILIPS HWY
BUILDING A SUITE 106
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name KNIGHT, ANN-MARIE
Address 655 8TH STREET WEST
City-State-Zip: JACKSONVILLE FL 32209