

**2015 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 OTHER  
Name SMITH, CONNIE  
Address 1 INDEPENDENT DRIVE, 10TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name HALL, SHERRY  
Address 231 E FORSYTH STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN  
Name COOK, SANDRA  
Address 140 LAUREL LANE  
City-State-Zip: PONTE VEDRA BEACH FL 32082  
  
Title SECRETARY  
Name PATTEN JR, CARL  
Address 4800 DEERWOOD CAMPUS PARKWAY  
BUILDING 3-4  
City-State-Zip: JACKSONVILLE FL 32256

*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: SANDRA COOK**

**CHAIRMAN**

**01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date