

**2017 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 VC  
Name MONTEIRO-TRIBBLE, VELMA  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DCC 3-4  
City-State-Zip: JACKSONVILLE FL 32246-8273

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

Title CHAIRMAN  
Name HIRABAYASHI, JOHN  
Address 637 N LEE ST.  
City-State-Zip: JACKSONVILLE FL 32204  
Title CEO  
Name COUGHLIN, RENA  
Address 40 EAST ADAMS STREET  
SUITE 100  
City-State-Zip: JACKSONVILLE FL 32202

*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**

**03/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date