#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000278

Entity Name: FAMILY FARMS OF NORTHEAST FLORIDA, INC.

FILED Feb 12, 2015 Secretary of State CC3644028509

## **Current Principal Place of Business:**

1652 DOLPH RD.

JACKSONVILLE, FL 32220

# **Current Mailing Address:**

1652 DOLPH RD.

JACKSONVILLE, FL 32220

FEI Number: 75-2986175 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CONTEMPORARY BUSINESS SERVICES, INC. 4070 HERSCHEL ST. JACKSONVILLE, FL 32210 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 CEO

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Name ELLISON, GLENN F

Address 1652 DOLPH RD.

City-State-Zip: JACKSONVILLE FL 32220

Title TREA

Name ELLISON, SHEILA

Address 1652 DOLPH ROAD

City-State-Zip: JACKSONVILLE FL 32220

Title VP

Name LESNICK, MANDY

Address 1942 WAGES WAY

City-State-Zip: JACKSONVILLE FL 32018

Title PRES

Name GUYOT, MICHELLE

Address 555 LITTLE FOX DRIVE

City-State-Zip: JACKSONVILLE FL 32073

Title SEC.

Name LINDEN, ERIC

Address 2426 CEDAR SHORES CIR.

City-State-Zip: JACKSONVILLE FL 32210

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: SHEILA C. ELLISON

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

02/12/2015

Date