

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008620

Entity Name: UNA VOCE OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**11307 RIVER KNOLL DRIVE
JACKSONVILLE, FL 32225**Current Mailing Address:**11307 RIVER KNOLL DRIVE
JACKSONVILLE, FL 32225**FEI Number:** 20-1221080**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GARCIA, EDWARD J
324 SWEETBRIAR BRANCH LANE
JACKSONVILLE, FL 32259 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	D
Name	HOLLMANN, ROBERT MR.
Address	1321 SILVER STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	D
Name	WNOROWSKI, JR., EDWARD JMR.
Address	11307 RIVER KNOLL DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	BUSSJAEGER, WILLIAM MR.
Address	303 MATTHEWS RIDGE
City-State-Zip:	ST. MARYS GA 31558

Title	D
Name	STICKLEY, GAIL MISS.
Address	1327 CHALLEN AVENUE
City-State-Zip:	JACKSONVILLE FL 32005

Title	COO
Name	WNOROWSKI, GLORIA J MRS.
Address	11307 RIVER KNOLL DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	CORRESPONDING SECRETARY
Name	HOLLMANN, MARIE MRS.
Address	1321 SILVER STREET
City-State-Zip:	JACKSONVILLE FL 32206

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: EDWARD J. WNOROWSKI, JR.**DIRECTOR****01/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date