

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

DOCUMENT# N06000008938

**Entity Name:** ACE MENTOR PROGRAM OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

510 NORTH JULIA STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

510 NORTH JULIA STREET  
JACKSONVILLE, FL 32202 US

**FEI Number:** 20-5462738

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRITT, ARNOLD DJR  
707 PENINSULAR PLACE  
JACKSONVILLE, FL 32204 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 RAMSEY, DENISE MPE  
Address % HASKELL - 111 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name HANSEN, KIMBERLY PE  
Address C/O INTEGRATED CONSTRUCTION  
300 WEST ADAMS STREET, SUITE  
650  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name HULL, TERRY PE  
Address C/O INTERA INCORPORATED  
12467 TURNBERRY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name ROBBINS, BROOKE AIA  
Address C/O KBJ ARCHITECTS-510 NORTH  
JULIA STREET  
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:** BROOKE ROBBINS

**DIRECTOR**

**01/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date