

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001837

Entity Name: CONSTRUCTION CAREER DAYS, NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**6455 POWERS AV
JACKSONVILLE, FL 32217**Current Mailing Address:**6455 POWERS AV
JACKSONVILLE, FL 32217**FEI Number:** 46-2391936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUFFY, JANET L
6455 POWERS AV
JACKSONVILLE, FL 32217 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	C
Name	DUFFY, JANET L
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

Title	AC
Name	RICE, TED
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

Title	COO
Name	TOWERS, TERRI S
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

Title	S
Name	GARZA, MELISSA
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

Title	T
Name	MCQUADE, DONNA
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

Title	ED
Name	GRUBER, MIKE
Address	6455 POWERS AV
City-State-Zip:	JACKSONVILLE FL 32217

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: DONNA M. MCQUADE**TREASURER****02/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date