

**2023 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 US**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	COO
Name	TOWERS, TERRI S
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

Title	AC
Name	RICE, TED
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	S
Name	VICKREY, AMBER
Address	11482 COLUMBIA PARK DRIVE W SUITE 3
City-State-Zip:	JACKSONVILLE FL 32258

*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****02/21/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date