FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:32

DOCUMENT # 708840 (4)

1. Corporation Name
NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
2ND FLOOR, 135 RIVERSIDE AVE., BOX 52025 JACKSONVILLE FL 32201	2ND FLOOR, 135 RIVERSIDE AVE., BOX 52025 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/26/1965	3a. Date of Last Report: 04/08/1994
21	26	4. FEI Number: 59-1090517	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MARTIN, ANDRE' S
128 E FORSYTHE ST, FOURTH FL
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Gibson, Harold
82 Street Address (P.O. Box Number is Not Acceptable): 220 E. Bay Street, Room 1400
83
84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Harold Gibson, Board Chairman 2-10-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	MARTIN, ANDRE' S	1.2 NAME	Gibson, Harold	
STREET ADDRESS	128 E FORSYTHE STREET, FOURTH FLOOR	1.3 STREET ADDRESS	220 East Bay Street, Room 1400	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	NEWMAN, PAUL	2.2 NAME	Elliott, Melvin	
STREET ADDRESS	8703 NORFOLK BLVD	2.3 STREET ADDRESS	2320 Graham Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MOCK, ROSA R.	3.2 NAME	Rodgers, Anthony	
STREET ADDRESS	1751 HELEN DR. #9	3.3 STREET ADDRESS	5720 Oprey Street	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32208	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	DORSEY, FREDDIE	4.2 NAME	Sanks, Marsha	
STREET ADDRESS	1300 BROAD STREET	4.3 STREET ADDRESS	7360 County Road 208	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, JOHN W JR	5.2 NAME		
STREET ADDRESS	135 RIVERSIDE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 3	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Gibson, Board Chairman 2-10-95 (904) 350-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #