FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/26/1965**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business
21 **5045 Soutel Drive**
Suite, Apt. #, etc.
22 **Suite 13**
City & State
23 **Jacksonville, FL**
Zip 24 **32208** Country 25 **US**

2a. Mailing Address
26 **5045 Soutel Drive**
Suite, Apt. #, etc.
27 **Suite 13**
City & State
28 **Jacksonville, FL**
Zip 29 **32208** Country 30 **US**

4. FEI Number: **59-1090517** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBSON, HAROLD
220 E BAY ST
ROOM 1400
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: **Elliott, Melvin**
82 Street Address (P.O. Box Number is Not Acceptable): **2320 Graham Avenue**
83
84 City: **Jacksonville** **FL** 85 Zip Code: **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **Melvin Elliott, Board Chairman** DATE: **2/20/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD GIBSON, HAROLD 220 E BAY ST RM 1400 JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PCD Elliott, Melvin 2320 Graham Avenue Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELLIOTT, MELVIN 2320 GRAHAM AVE JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Lockwood, Theresa B. Jacksonville, Florida 32209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RODGERS, ANTHONY 5720 OPREY ST JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANKS, MARSHA 7360 CR 208 ST AUGUSTINE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Alexander, Robert 770 Lane Avenue, South Jacksonville, FL 32205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD EDWARDS, JOHN W JR 135 RIVERSIDE AVENUE JACKSONVILLE, FL 3	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	5045 Soutel Dr., Suite 13 Jacksonville, Florida 32208	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: **Melvin Elliott** **2/20/96** **904/358-7474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #