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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
5045 SOUTEL DRIVE SUITE 13 JACKSONVILLE FL 32208 US	5045 SOUTEL DRIVE SUITE 13 JACKSONVILLE FL 32208-1863 US

3. Date Incorporated or Qualified: 04/26/1965
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business
21 411 West Adams Street
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Jacksonville, FL
Zip 24 32202 Country 25 US

2a. Mailing Address
26 P.O. Box 52025
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32201 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

ELLIOTT, MELSIN
2320 GRAHAM AVENUE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
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	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, MELVIN		1.2 NAME		
STREET ADDRESS	2320 GRAHAM AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOCKWOOD, THERESA B.		2.2 NAME		
STREET ADDRESS	2320 GRAHAM AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RODGERS, ANTHONY		3.2 NAME		
STREET ADDRESS	5720 OPREY ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ROBERT		4.2 NAME		
STREET ADDRESS	770 LANE AVENUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	EDWARDS, JOHN W JR		5.2 NAME		
STREET ADDRESS	5045 SOUTEL DRIVE SUITE 13		5.3 STREET ADDRESS	411 West Adams Street, Suite 200	
CITY-ST-ZIP	JACKSONVILLE, FL 3		5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Melvin Elliott HE [illegible] 1/7/97 904/358-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #