FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

FILED Feb 18 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		T ARBUM HABIS ABURU TANDU HAUM BIRIS AI	ILL BIRAL BIRAL BIRAL BARIS MINIT ATATA ŞABI	
411 WEST ADAMS ST		P.O. BOX 52025		3. Date Incorporated or Qualified		
SUITE 200 JACKSONVILLE FL 32202		SUITE 13 Jacksonville FL 32201		04/26/1965		
US		US		4. FEI Number	Applied For	
				59-1090517	Not Applicable	
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		26 P.O. Box 52025		C. Communication of cluded about the	Fee Required	
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 City & State		27 11/4 City & State		Trust Fund Contribution	Added to Fees	
23		28 Jacksonville, FL		7. Is this nonprofit corporation a homeowners association? Yes X No		
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year Intangible	
24	25	29 32201 30	o US	Personal Property Tax due June :	— · — ·	
Name and Address of Current Registered Agent				10. Name and Address of New Reg	listered Agent	
\$1410\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			81 Name T	Name Theresa B. Lockwood		
ELLIOTT, MELSIN 2320 GRAHAM AVENUE			82 Street Add 1444 W	ress (P.O. Box Number is Not Acceptables 13th Street	е)	
JACKSONVILLE FL 32207			B3			
			84 City		85 Zip Code	
			Ja	cksonville	FL B2209	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the 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 Socious 617.0503, Florida Statutes.						
SIGNATURE Theresa B. Lockwood / Classification (NOTE Registered Agent signature required when reinstating) DATE Output DATE						
12.	Signature, typist or prefer traine of registered ager OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PCD	DELETE		CD	Change Addition	
NAME	ELLIOTT, MELVIN		I =	heresa B. Lockwood		
STREET ADDRESS	2320 GRAHAM AVENUE			444 West 13th Street		
CITY-ST-ZIP	JACKSONVILLE FL			acksonville, FL 32209		
TITLE	VD	☐ DELETE	2.1 TITLE V		Change Addition	
NAME	LOCKWOOD, THERESA B.			ichael Rutledge		
STREET ADDRESS	2320 GRAHAM AVE	ļ		Ol East Bay Street		
CITY-ST-ZIP	JACKSONVILLE FL	'		acksonville, FL 32202		
TITLE	SD	☐ DELETE	3.1 TITLE S	 	Change Addition	
NAME	RODGERS, ANTHONY		3.2 NAME ME	elvin Elliott		
STREET ADDRESS	5720 OPREY ST		3.3 STREET ADDRESS 23	320 Graham Avenue		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP Ja	acksonville, FL 32207		
TITLE	TD	DELETE	4.1 TITLE TI	0	Change Addition	
NAME	ALEXANDER, ROBERT		4. 2 NAME E]	leanor Colborn		

14. I 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 17, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

3200 S. Fletcher

Theresa B. Lockwood

770 LANE AVENUE SOUTH

EDWARDS, JOHN W JR

411 WEST ADAMS ST, SUITE 200

Jacksonville fl

JACKSONVILLE FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

904/358-7474

Change

Change

Addition

Addition