2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708840

1. Entity Name

NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90077 018 ****70.00

Principal Place of Business	Mailing Address
411 WEST ADAMS ST SUITE 200 JACKSONVILLE FL 32202 US	P.O. BOX 52025 JACKSONVILLE FL 32201-2025 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOCKWOOD, THERESA B 1444 WEST 13TH STREET JACKSONVILLE FL 32209	Name: Barbara Parker Street Address (P.O. Box Number is Not Acceptable): 411 W. Adams Street, Suite 200 City: Jacksonville FL Zip Code: 32202

8. 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: Barbara Parker — Barbara Parker — 2/10/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD LOCKWOOD, THERESA B 1444 WEST 13TH STREET JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Barbara Parker 411 West Adams Street, Suite 200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PARKER, BARBARA 6090 ARMSTRONG RD ELKTON FL 32033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Michael Rutledge 411 West Adams Street, Suite 200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FARMER, RICHARD 683 LEWIS ST MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Richard Farmer 411 West Adams Street, Suite 200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLBORN, ELEANOR 3200 S FLETCHER FERNANDIAN BEACH FL 32034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Eleanor Colborn 411 West Adams Street, Suite 200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD EDWARDS, JOHN W JR 411 WEST ADAMS ST, SUITE 200 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Barbara Parker — Barbara Parker — (904) 692-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #