2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90058 024 ****70.00

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DOCUMENT # 708840

1. Entity Name

NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business	Mailing Address
411 WEST ADAMS ST SUITE 200 JACKSONVILLE FL 32202 US	P.O. BOX 52025 JACKSONVILLE FL 32201 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
PARKER, BARBARA 411 W ADAMS STREET 200 JACKSONVILLE FL 32202	Name: Haywood, Connie 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: Connie Haywood Connie Haywood, Board Chairwoman 2/2/2002
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 PARKER, BARBARA 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202	☐ Delete	PCD Haywood, Connie 411 West Adams Street #200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FARMER, RICHARD 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAYWOOD, CONNIE 411 WEST ADAMS STREET#200 JACKSONVILLE FL 32202	☐ Delete	SD Parker, Barbara 411 West Adams Street #200 Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLBORN, ELEANOR 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD EDWARDS, JOHN W JR 411 WEST ADAMS ST, SUITE 200 JACKSONVILLE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Connie Haywood 2/2/02 Connie Haywood 904/358-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #