2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# 708840

Entity Name: NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

Current Principal Place of Business:

421 WEST CHURCH STREET
SUITE 705
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52025
JACKSONVILLE, FL 32201 US

New Mailing Address:

FEI Number: 59-1090517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYWOOD, CONNIE
421 WEST CHURCH STREET, SUITE 705
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PCD	( ) Delete
Name:	HAYWOOD, CONNIE	
Address:	421 WEST CHURCH STREET, SUITE 705	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VD	( ) Delete
Name:	COLBORN, ELEANOR	
Address:	421 WEST CHURCH STREET, SUITE 705	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	SD	( ) Delete
Name:	PARKER, BARBARA	
Address:	421 WEST CHURCH STREET, SUITE 705	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	TD	( ) Delete
Name:	GARTLAND, KEVIN	
Address:	421 WEST CHURCH STREET, SUITE 705	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	MD	( ) Delete
Name:	EDWARDS, JOHN W JR	
Address:	421 WEST CHURCH STREET, SUITE 705	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE HAYWOOD PCD 02/02/2004

Electronic Signature of Signing Officer or Director — Date