

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708840

FILED
Jan 28, 2005
Secretary of State

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:

RUTLEDGE, MICHAEL
421 WEST CHURCH STREET, SUITE 705
JACKSONVILLE, FL 32202 US

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: MICHAEL RUTLEDGE

01/28/2005

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: PCD (X) Change () Addition
Name: RUTLEDGE, MICHAEL
Address: 421 WEST CHURCH STREET, SUITE 705
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: SD (X) Change () Addition
Name: MARTIN, CHARLEYENE
Address: 421 WEST CHURCH STREET, SUITE 705
City-St-Zip: JACKSONVILLE, FL 32202

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: MICHAEL RUTLEDGE

PCD

01/28/2005

Electronic Signature of Signing Officer or Director

Date