2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# 708840

Entity Name: NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

Current Principal Place of Business:

4070 BOULEVARD CENTER DRIVE, 4500 BUILDING
SUITE 200
JACKSONVILLE, FL 32207 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:

RUTLEDGE, MICHAEL
4070 BOULEVARD CENTER DRIVE, 4500 BUILDING
200
JACKSONVILLE, FL 32207 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:	RUTLEDGE, MICHAEL	
Address:	4070 BLVD. CENTER, 4500 BLDG., STE. 20	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VD	( ) Delete
Name:	COLBORN, ELEANOR	
Address:	4070 BLVD. CENTER DR., 4500 BLDG.STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	MARTIN, CHARLEYENE	
Address:	4070 BLVD. CENTER DR., 4500 BLDG. STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	TD	( ) Delete
Name:	GARTLAND, KEVIN	
Address:	4070 BLVD. CENTER DR., 4500 BLDG. STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	MD	( ) Delete
Name:	EDWARDS, JOHN W JR	
Address:	4070 BLVD. CENTER DR., 4500 BLDG. STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	MARTIN, CHARLEYENE	
Address:	4070 BLVD. CENTER DR., 4500 BLDG.STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	(X) Change ( ) Addition
Name:	TYLER, CHRISTINE	
Address:	4070 BLVD. CENTER DR., 4500 BLDG. STE. 200	
City-St-Zip:	JACKSONVILLE, FL 32207	
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 Chapter 119, 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 01/30/2007

Electronic Signature of Signing Officer or Director — Date