

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708840

FILED
Feb 11, 2009
Secretary of State

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:

GARTLAND, KEVIN
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: GARTLAND, KEVIN
Address: 4070 BLVD. CENTER, 4500 BLDG., STE. 20
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: HAYWOOD, CONNIE
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: LANDERS, JUDY
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: CONEY, BENJAMIN
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: ALBERT, CHARLES JR
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COLBERT, DAPHNE
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 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: KEVIN GARTLAND

PCD

02/11/2009

Electronic Signature of Signing Officer or Director

Date