2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2012
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:

MYERS, LINDA
4070 BOULEVARD CENTER DRIVE, 4500 BUILDING
200
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

KILGO, NANCY
4070 BOULEVARD CENTER DRIVE, 4500 BUILDING
200
JACKSONVILLE, FL 32207 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: NANCY KILGO 01/31/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: KILGO, NANCY
Address: 4070 BLVD. CENTER, 4500 BLDG., STE. 20
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: SD
Name: BUTLER, ARVA
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD
Name: JONES, LARRY
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD
Name: COLBERT, DAPHNE
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: MD
Name: EDWARDS, JOHN W JR
Address: 4070 BLVD. CENTER DR., 4500 BLDG. STE. 200
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: NANCY KILGO PCD 01/31/2012
Electronic Signature of Signing Officer or Director Date