

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90287 038 ****70.00

DOCUMENT # 708840



1. Entity Name
NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.

Principal Place of Business
**411 WEST ADAMS ST
SUITE 200
JACKSONVILLE FL 32202
US**

Mailing Address
**P.O. BOX 52025
JACKSONVILLE FL 32201
US**

2. Principal Place of Business
421 West Church Street

Suite, Apt. #, etc.
Suite 705

City & State
Jacksonville, Florida

Zip
32202

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1090517**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYWOOD, CONNIE
411 W ADAMS STREET
200
JACKSONVILLE FL 32202**

Name
Street Address (P.O. Box Number is Not Acceptable)
421 West Church Street - Suite 705
City **Jacksonville** FL Zip Code **32202**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HAYWOOD, CONNIE 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 421 West Church Street-Suite 705 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARMER, RICHARD 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD COLBORN, ELEANOR 421 West Church Street-Suite 705 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, BARBARA 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 421 West Church Street-Suite 705 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLBORN, ELEANOR 411 WEST ADAMS STREET #200 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD GARTLAND, KEVIN 421 West Church Street-Suite 705 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD EDWARDS, JOHN W JR 411 WEST ADAMS ST, SUITE 200 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 421 West Church Street-Suite 705 Jacksonville, Florida 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Connie Haywood, Chairwoman** *Connie Haywood* 2/27/03 (904) 358-7474

CR2E037 (10/02)

Attachment

90066492
708840



Northeast Florida
Community Action
Agency, Inc.

"... Providing Solutions for Success"

February 27, 2003

To Whom It May Concern:

The names of the PCD, SD, & MD did not change, only the addresses.

Thank you.