


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003307	
1. Entity Name THE KESLER MENTORING CONNECTION, INC.	

Principal Place of Business 9700 PHILLIPS HWY STE 101 JACKSONVILLE, FL 32256	Mailing Address 9700 PHILLIPS HWY STE 101 JACKSONVILLE, FL 32256
---	---

DO NOT WRITE IN THIS SPACE



01312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3645144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PASS, DEBORAH S 9700 PHILLIPS HWY STE 101 JACKSONVILLE, FL 32256	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/30/04-80072-013 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CUDDIHEE, GUY 1 INDEPENDENT DRIVE STE 215 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FALCONETTI, JOHN 2472 DENNIS STREET JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PASS, DEBORAH S 9700 PHILLIPS HWY STE 101 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINLAN, THOMAS E 9700 PHILLIPS HWY., STE. 102 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CROMER, CHARLES 50 N. LAURA STREET, STE. 3000 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ELAINE 117 W. DUVAL STREET, STE. 425 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/29/04 **DATE** (904) 645-4505 **Daytime Phone #**