

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90269 022 ****70.00

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**

40059243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3645144

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**PASS, DEBORAH S
9700 PHILLIPS HWY STE 101
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE ☐ Delete
NAME **T CUDDIHEE, GUY**
STREET ADDRESS **1 INDEPENDENT DRIVE STE 215**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME **T FALCONETTI, JOHN**
STREET ADDRESS **2472 DENNIS STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME **C PASS, DEBORAH S**
STREET ADDRESS **9700 PHILLIPS HWY STE 101**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME **S QUINLAN, THOMAS E**
STREET ADDRESS **9700 PHILLIPS HWY., STE. 102**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME **T CROMER, CHARLES**
STREET ADDRESS **50 N. LAURA STREET, STE. 3000**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME **D BROWN, ELAINE**
STREET ADDRESS **117 W. DUVAL STREET, STE. 425**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **225 Water Street Suite 1200**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/11/05 1944645-9505
Date Daytime Phone #