


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 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
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3645144	Applied For 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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 225 WATER STREET, SUITE 1200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ELAINE 117 W. DUVAL STREET, STE 425 JACKSONVILLE, FL 32202

U00000525043
05/04/06-80015-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR