

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90215 024 \*\*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3645144**

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

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

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

**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	<b>T</b> <b>CUDDIHEE, GUY</b> <b>1 INDEPENDENT DRIVE STE 215</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FALCONETTI, JOHN</b> <b>2472 DENNIS STREET</b> <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PASS, DEBORAH S</b> <b>9700 PHILLIPS HWY STE 101</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>QUINLAN, THOMAS E</b> <b>9700 PHILIPS HWY., STE. 102</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROMER, CHARLES</b> <b>50 N. LAURA STREET, STE. 3000</b> <b>JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, ELAINE</b> <b>117 W. DUVAL STREET, STE. 425</b> <b>JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Delores Kester</b> <b>9700 Phillips Highway Suite 101</b> <b>Jacksonville, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Laurie Price</b> <b>4600 Beach Blvd.</b> <b>Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>James Price</b> <b>4567 St. Johns Bluff Rd. S.</b> <b>Jacksonville, FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tony Jenkins</b> <b>4800 Deerwood Campus Parkway DCC 1-4</b> <b>Jacksonville, FL 32246</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Deborah Pass</b> <b>9700 Phillips Highway Suite 101</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Charlie Cromer</b> <b>50 N. Laura Street, Suite 3000</b> <b>Jacksonville, FL 32202</b>	<input checked="" 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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)

90091077

ATTACHMENT  
N000000003307

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Guy Cudihee		
STREET ADDRESS	1 Independent Drive Suite 216		
CITY-ST-ZIP	Jacksonville, FL 32205		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John Falconetti		
STREET ADDRESS	2472 Dennis Street		
CITY-ST-ZIP	Jacksonville, FL 32205		