
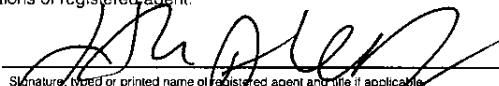
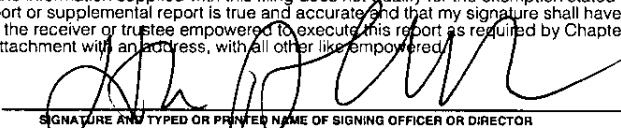


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90039 048 \*\*\*\*61.25

<b>DOCUMENT # N01000000513</b>					
<b>1. Entity Name</b> NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.					
<b>Principal Place of Business</b> 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			<b>Mailing Address</b> 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business</b> SAME AS ABOVE		<b>3. Mailing Address</b> SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3700428	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEVER, JONATHAN 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>3-5-04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> CHEPENIK, LOIS <b>STREET ADDRESS</b> 2434 ATLANTIC BLVD STE 100 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Bruce Barcelo <b>STREET ADDRESS</b> 1815 Olevia Street <b>CITY-ST-ZIP</b> Jacksonville, Florida 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DAME, JILL L <b>STREET ADDRESS</b> 2905 GRAND AVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Alvin Brown <b>STREET ADDRESS</b> 550 Water Street, 200 <b>CITY-ST-ZIP</b> Jacksonville, Florida 32208	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DUBOW, LAWRENCE J <b>STREET ADDRESS</b> 4801 EXECUTIVE PARK CT STE 100 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Charles R. Cramer <b>STREET ADDRESS</b> P.O. Box 40809 <b>CITY-ST-ZIP</b> Jacksonville, Florida 32203-0809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HODGES, CONNIE <b>STREET ADDRESS</b> 1300 RIVERPLACE BLVD STE 500 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> David Foster <b>STREET ADDRESS</b> 8991 Riding Club Road East <b>CITY-ST-ZIP</b> Jacksonville, Florida 32222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CARLEY, BETTY <b>STREET ADDRESS</b> 5423 SANDERS ROAD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Alberta Hipps <b>STREET ADDRESS</b> 6502 Shindler Drive <b>CITY-ST-ZIP</b> Jacksonville, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BRYAN, J F <b>STREET ADDRESS</b> 3201 INDEPENDENT SQUARE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Michael Korn <b>STREET ADDRESS</b> 225 Water Street, Suite 2100 <b>CITY-ST-ZIP</b> Jacksonville, Florida 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date <b>3-5-04</b> Daytime Phone # <b>904.380.3230</b>		

04010000



02262004 Chg-NP CR2E037 (10/03)


Applied For  
Not Applicable

**FL** Zip Code

Attachment

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

54015653

<b>DOCUMENT #</b> <u>N01000000513</u>					
<b>1. Entity Name</b> NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.					
<b>Principal Place of Business</b> 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207			<b>Mailing Address</b> 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3700428 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02262004 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LEVER, JONATHAN 1300 RIVERPLACE BLVD. SUITE 320 JACKSONVILLE, FL 32207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b> SIGNATURE <u>[Signature]</u> <span style="float: right;">3-5-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEPENIK, LOIS		NAME	Audrey Moran (McKibbin)	
STREET ADDRESS	2434 ATLANTIC BLVD STE 100		STREET ADDRESS	9356 River Pine Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAME, JILL L		NAME	Davy Parrish	
STREET ADDRESS	2905 GRAND AVE		STREET ADDRESS	1824 Pearl Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, Florida 32203	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOW, LAWRENCE J		NAME	Marlene Spalten	
STREET ADDRESS	4801 EXECUTIVE PARK CT STE 100		STREET ADDRESS	7400 San Jose Boulevard	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville, Florida 32217	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, CONNIE		NAME	Susan Towler	
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500		STREET ADDRESS	4800 Deerwood Campus Parkway #300, 4th Fl	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, Florida 32246-8273	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLEY, BETTY		NAME	[Blacked out]	
STREET ADDRESS	5423 SANDERS ROAD		STREET ADDRESS	[Blacked out]	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	[Blacked out]	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, J F		NAME	Robert A. White	
STREET ADDRESS	3201 INDEPENDENT SQUARE		STREET ADDRESS	300 West Water Street, Suite 201	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	Jacksonville, Florida 32202	
<b>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.</b>					
SIGNATURE: <u>[Signature]</u>			3-5-04 904.390.3230 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					