

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90140 018 ****61.25

DOCUMENT # N01000000513

1. Entity Name
NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.



Principal Place of Business
**1300 RIVERPLACE BLVD.
SUITE 320
JACKSONVILLE, FL 32207**

Mailing Address
**1300 RIVERPLACE BLVD.
SUITE 320
JACKSONVILLE, FL 32207**

40050983



2. Principal Place of Business - No P.O. Box #

1301 Riverplace Blvd

3. Mailing Address

1301 Riverplace Blvd

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

02192007 Chg-NP CR2E037 (12/06)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number
59-3700428

Applied For
☐ Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

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

6. Name and Address of Current Registered Agent

**COUGHLIN, RENA
1300 RIVERPLACE BLVD.
SUITE 320
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name **Rena Coughlin**

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

1301 Riverplace Blvd

Suite 301

City

Jacksonville

FL

Zip Code

32207

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, 2007**

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 **D**
CHEPENIK, LOIS
STREET ADDRESS **2434 ATLANTIC BLVD STE 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME **D**
WARREN, CLEVE
STREET ADDRESS **1300 RIVERPLACE BLVD STE 105**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME **D**
CRAMER, CHARLES R
STREET ADDRESS **P.O. BOX 40809**
CITY-ST-ZIP **JACKSONVILLE, FL 322030809**

TITLE ☐ Delete
NAME **D**
HODGES, CONNIE
STREET ADDRESS **1300 RIVERPLACE BLVD STE 500**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME **D**
CARLEY, BETTY
STREET ADDRESS **5423 SANDERS ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE ☐ Delete
NAME **D**
BRYAN, J F
STREET ADDRESS **3201 INDEPENDENT SQUARE**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
Hippo, Alberta
STREET ADDRESS **1656 Margaret St #323**
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE ☐ Change ☒ Addition
NAME **D**
Hyde, Kevin
STREET ADDRESS **One Independent Dr. #1300**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE ☐ Change ☒ Addition
NAME **D**
Moran, Audrey McKibbin
STREET ADDRESS **3832-010 Baymeadows Rd**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ Change ☒ Addition
NAME **D**
Parrish, Davalu
STREET ADDRESS **1824 Pearl St**
CITY-ST-ZIP **Jacksonville, FL 32203**

TITLE ☐ Change ☒ Addition
NAME **D**
Spalten, Marlene
STREET ADDRESS **836 Prudential Dr, Ste 1205**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Change ☒ Addition
NAME **D**
Towler, Susan
STREET ADDRESS **4800 Deerwood Campus Pkwy DCC3-4**
CITY-ST-ZIP **Jacksonville, FL 32246**

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 another I am empowered.

SIGNATURE:

Rena M. Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rena M. Coughlin
Date

3.30.2007
Daytime Phone #

ATTACHMENT

40050983

#10100000513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (BLK 11 CONT'D)

D

Addition

Korn, Michael
800 West Monroe Street
Jacksonville, FL 32202