
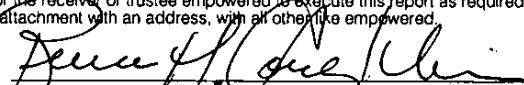


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90399 024 ****61.25

DOCUMENT # N01000000513 1. Entity Name NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 1301 RIVERPLACE BLVD. SUITE 301 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BLVD. SUITE 301 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3700428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COUGHLIN, RENA 1301 RIVERPLACE BLVD. SUITE 301 JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEPENIK, LOIS		NAME		
STREET ADDRESS	2434 ATLANTIC BLVD STE 100		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, CLEVE		NAME		
STREET ADDRESS	1300 RIVERPLACE BLVD STE 105		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAMER, CHARLES R		NAME		
STREET ADDRESS	P.O. BOX 40809		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322030809		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGES, CONNIE		NAME		
STREET ADDRESS	1300 RIVERPLACE BLVD STE 500		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLEY, BETTY		NAME		
STREET ADDRESS	5423 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, J F		NAME		
STREET ADDRESS	3201 INDEPENDENT SQUARE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
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 any attachment with an address, with all other like empowered.					
SIGNATURE: 			4.21.08 904/390-3222		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

C
Susan Towler
4800 Deerwood Campus Pkwy, DCC 3-4
Jacksonville, FL 32246

40087227

NO/0000005/3

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

T
Marlene Spalten
841 Prudential Drive, Suite 1300
Jacksonville, FL 32207

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Michael Boylan
100 Festival Park Avenue
Jacksonville, FL 32202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Jarik Conrad
9839 Old Baymeadows Road #346
Jacksonville, FL 32256

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Shannon Hewett
117 West Duval Street
Jacksonville, FL 32202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Kevin Hyde
One Independent Drive, Suite 1300
Jacksonville, FL 32202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Michael Korn
800 West Monroe Street
Jacksonville, FL 32202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Ava Parker
101 East Union Street, Suite 200
Jacksonville, FL 32202

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Wayne Rieley
4615 Philips Hwy
Jacksonville, FL 32207

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

D
Claudette Williams
1658 Kings Road
Jacksonville, FL 32209