

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004466

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA FAITH BASED INITIATIVES, INC.

**Current Principal Place of Business:**

3030 HARTLEY RD  
#120  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3030 HARTLEY RD  
#120  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 75-2994769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, J. CHARLES  
3030 HARTLEY RD  
#120  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAY, J. WILLIAM  
Address: 524 STOCKTON ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete  
Name: WILSON, J. CHARLES  
Address: 3030 HARTLEY ROAD #120  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete  
Name: GAY, LOUISE  
Address: 524 STOCKTON ST  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. CHARLES WILSON

TD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date