


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90080 031 ****61.25

DOCUMENT # N01000005943	
1. Entity Name NORTHEAST FLORIDA BUILDERS ASSOCIATION BUILDERS CARE, INC.	

Principal Place of Business 103 CENTURY 21 DRIVE STE 108 JACKSONVILLE, FL 32216	Mailing Address 103 CENTURY 21 DRIVE STE 108 JACKSONVILLE, FL 32216
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50035170

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3742789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, WILLIAM R 103 CENTURY 21 DRIVE STE 108 JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005**

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	D <input type="checkbox"/> Delete KUESTER, KEN P O BOX 12267 JACKSONVILLE, FL 322090267	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITE, W HOWARD 4540 SOUTHSIDE BLVD JACKSONVILLE, FL 322090267	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC CHAIRMAN GREG MATOVINA 2955 HARTLEY RD, SUITE 104A JACKSONVILLE, FLORIDA 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURNAM, R. LAVON 1514 NIRA STREET JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER AMY TUCK WHITMAN 3 INDEPENDENT DRIVE JACKSONVILLE, FLORIDA 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, FRED 6906 BEACH BLVD JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BOBBY WALTON 6629 SOUTHPOINT PKWY. SUITE 108 JACKSONVILLE, FLORIDA 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MEUX, JOE 126 W ADAMS ST JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOORE, JONNY PO BOX 11657 JAX, FL 32239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN KUESTER

4/5/05

Daytime Phone #