## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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## DOCUMENT # N01000005943 NORTHEAST FLORIDA BUILDERS ASSOCIATION BUILDERS CARE, INC.

Principal Place of Business

Mailing Address

103 CENTURY 21 DRIVE STE 108 Jacksonville, FL 32216			103 CENTURY 21 DRIVE STE 108 Jacksonville, Fl. 32216			0000110					
			,	;	. •			91 <b>91) - 9511 - 5511 - 5511</b>	90)))	IEMI ELETA (A)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			03212005					
· · · · · · · · · · · · · · · · · · ·				Suite, Apr. #, etc.				03212005 Chg-NP CR2E037 (10/03)			
City & State	e		City & State			4. FEI Number Applied For 59-3742789 Not Applicable					
Zip	Zip Country		Zip	Country		•	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered #	Agent			7. Name and Add	ress of New Re			•
WILSON, V	WILLIAM F	₹	•		Na	ame					
103 CENT	<b>URY 21 D</b>	RIVE STE 108	•	•		reet Address	(P.O. Box Number is I	Not Acceptable)			
JACKSON	VILLE, FL	32216	'					<u> </u>			
			:		Cit	ty			FL	Zip Code	•
		y submits this statement fo	or the purpose	e of changing its r	egistered off	fice or registe	ered agent, or both, in	the State of Flor		l miliar with,	and accept
the obligat	tions of regist	ered agent.	,	ı							
SIGNATURE .					<del></del>						
SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									DATE		
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			k payable to rtment of State				
	•	-		9. Election Cam Trust Fund Co						•	
10.	Due by M	-	RECTORS	Trust Fund Co	ontribution.		Added to Fees ADDITIONS/CHANG	Florie	da Departm S AND DIRE	CTORS IN	ate 10
TITLE	Due by M	OFFICERS AND DI	RECTORS		11.		Added to Fees	Florie	da Departm S AND DIRE	nent of St	ate
	Due by M	OFFICERS AND DI	RECTORS	Trust Fund Co	ontribution.	Сня	Added to Fees ADDITIONS/CHANG	Florie	da Departm S AND DIRE	CTORS IN	ate 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KUESTER POBOX JACKSON	OFFICERS AND DI R, KEN 12267 WILLE, FL 322090267		Trust Fund Co	11. TITLE NAME STREET ADD CITY-ST-ZI	CHA	Added to Fees ADDITIONS/CHANG	Florid ES TO OFFICER	da Departm S AND DIRE	CTORS IN	ate 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DUE by M KUESTER PO BOX JACKSON D WHITE, W 4540 SOU	OFFICERS AND DI R, KEN 12267 WILLE, FL 322090267	7	Trust Fund Co	11. TITLE NAME STREET ADD CITY-ST-ZI	CHARLESS IP	Added to Fees ADDITIONS/CHANG ATRIANU CHAIRMAN TO MATONINA THARTET RI	Floric ES TO OFFICER	da Departm IS AND DIRE [	CTORS IN	ate  10 Addition
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12. I hereby certify that the information supplied with this filling 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 take 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.

SIC	:M:	ΔΤΙ	IR	F٠

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #