

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 045 ****70.00

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**

50007880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3742789

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$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

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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KUESTER, KEN
P O BOX 12267
JACKSONVILLE, FL 322090267** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
MATONINA, GREG
2955 MARTLEY RD. STE 106A
JACKSONVILLE, FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WHITMAN, AMY TUCK
3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WALTON, BOBBY
6629 SOUTHPOINT PKWY, STE 108
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MATONINA, GREG
2955 MARTLEY RD. STE 106A** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
PAUL AXTELL
9141 CYPRESS GREEN SUITE 2
JACKSONVILLE FLORIDA 32256** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2006

Date

904-727-3443

Daytime Phone #