

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90042 027 ****61.25

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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**

40126915



DO NOT WRITE IN THIS SPACE

07092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3742789

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KUESTER, KEN P O BOX 12267 JACKSONVILLE, FL 322090267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATONINA, GREG 2935 MARTLEY RD, STE 106A JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC AXTELL, PAUL 9141 CYPRESS GREEN SUITE 2 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALTON, BOBBY 6629 SOUTHPOINT PKWY, STE 108 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. LACON BURMAN

Date

Daytime Phone #