

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE



07182008 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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
T
BURNAM, R LAVON
STREET ADDRESS
1514 NIRA STREET
CITY-ST-ZIP
JACKSONVILLE, FL 32207

TITLE
NAME
VC
LENDRY, BRYAN
STREET ADDRESS
4745 SUTTON PARK CT SUITE 501
CITY-ST-ZIP
JACKSONVILLE, FL 32224

TITLE
NAME
S
WALTON, BOBBY
STREET ADDRESS
4348 SOUTH POINT BLVD
CITY-ST-ZIP
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000957527
08/11/08-80004-023 61.25

**DO NOT WRITE
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

Date

Daytime Phone #