2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N01000005943

Entity Name: NORTHEAST FLORIDA BUILDERS ASSOCIATION BUILDERS CARE, INC.

Current Principal Place of Business:

103 CENTURY 21 DRIVE STE 108
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

103 CENTURY 21 DRIVE STE 108
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3742789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, WILLIAM R
103 CENTURY 21 DRIVE STE 108
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: KUESTER, KEN
Address: P O BOX 12267
City-St-Zip: JACKSONVILLE, FL 322090267

Title: T ( ) Delete
Name: BURNAM, R LAVON
Address: 1514 NIRA STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: VC ( ) Delete
Name: LENDRY, BRYAN
Address: 4745 SUTTON PARK CT SUITE 501
City-St-Zip: JACKSONVILLE, FL 32224

Title: S ( ) Delete
Name: WALTON, BOBBY
Address: 4348 SOUTH POINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BURNAM, R LAVON
Address: 5011 GATE PARKWAY BLDG 100 SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R LAVON BURNAM TREA 01/09/2009

Electronic Signature of Signing Officer or Director — Date