

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000005943

**FILED**  
**Oct 30, 2012**  
**Secretary of State**

**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:**

103 CENTURY 21 DRIVE  
SUITE 108  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

103 CENTURY 21 DRIVE SUITE 108  
JACKSONVILLE, FL 32216

**New Mailing Address:**

103 CENTURY 21 DRIVE  
SUITE 108  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3742789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONS, CHRISTOPHER A  
103 CENTURY 21 DRIVE - STE 108  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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

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: WILLIAM R. WILLIAM

10/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: KUESTER, KEN  
Address: P O BOX 12267  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T  
Name: MATOVINA, GREG  
Address: 2955 HARTLEY RD, SUITE 108  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VC  
Name: ROVER, GENE  
Address: 2232 CORPORATE SQUARE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S  
Name: WALTON, BOBBY  
Address: 4348 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: WILSON, WILLIAM R  
Address: 103 CENTURY 21 DRIVE, SUITE 108  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. WILSON

D

10/30/2012

Electronic Signature of Signing Officer or Director

Date