

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90658 001 ****61.25

DOCUMENT # N03000001637 1. Entity Name CENTER FOR NONPROFIT EXCELLENCE INC.					
Principal Place of Business 2020 WILDRIDGE DR. TALLAHASSEE, FL 32303			Mailing Address 2020 WILDRIDGE DR. TALLAHASSEE, FL 32303		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES-COLSTON, JUDY 2020 WILDRIDGE DR. TALLAHASSEE, FL 32303				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES-COLSTON, JUDY		NAME		
STREET ADDRESS	2020 WILDRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES-WALLYER, KELLY M		NAME		
STREET ADDRESS	2601 SALEM CROSSING		STREET ADDRESS		
CITY-ST-ZIP	TUCKER, GA 30084		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOBO-SEAMON, ROSZETTA		NAME		
STREET ADDRESS	1122 SEMINOLE DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Judy Jones Colston</i> <i>Judy Jones Colston</i> 4/30/04 6683316					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					