

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007559

FILED
Mar 23, 2008
Secretary of State

Entity Name: VOCATIONAL SERVICES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

10 WEST ADAMS STREET
SUITE 103
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

10 WEST ADAMS STREET
SUITE 103
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 16-1685331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISSINGER, JANICE KAREN
13948 WEBB ROAD
JACKSONVILLE, FL 32218 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: CH () Delete
Name: KELLY, LEROY
Address: 8443 E FINCH
City-St-Zip: JACKSONVILLE, FL 32219

Title: VC () Delete
Name: HODGES, RICHARD
Address: 3609 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR () Delete
Name: YATES, PHILLIP
Address: 4465 BAYMEADOWS RD STE 8
City-St-Zip: JACKSONVILLE, FL 32217

Title: S/T () Delete
Name: GRISSINGER, KAREN
Address: 13948 WEBB ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR () Delete
Name: TOFFLEMIRE, SHANNON
Address: 12311-2003 KENSINGTON LAKES DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: DIR () Delete
Name: SLEFFEL, FREDERICK
Address: 8925 FREE AVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JANICE KAREN GRISSINGER

TREA

03/23/2008

Electronic Signature of Signing Officer or Director

Date