2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N03000007559

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CH	(X) Change ( ) Addition
Name:	ASSAF, ALLAN	
Address:	SHARK ROAD	
City-St-Zip:	JACKSONVILLE, FL 32226	
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:	DIR	(X) Change ( ) Addition
Name:	SLEFFEL, FREDERICK	
Address:	8925 FREE AVE	
City-St-Zip:	JACKSONVILLE, FL 32226	
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: J. KAREN GRISSINGER DIR 03/02/2009

Electronic Signature of Signing Officer or Director — Date