

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007559

FILED  
Mar 30, 2010  
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: DIR  
Name: ASSAF, ALLAN  
Address: SHARK ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: CH  
Name: HODGES, RICHARD  
Address: 3609 SHAWNEE SHORES DR  
City-St-Zip: JACKSONVILLE, FL 32225

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

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

Title: VCH  
Name: SLEFFEL, FREDERICK  
Address: 8925 FREE AVE  
City-St-Zip: JACKSONVILLE, FL 32226

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: J. KAREN GRISSINGER

S/T

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date