2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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

Title: CHM
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: DIR
Name: KNOX, PETER
Address: 6339-4 ARGYLE FOREST
City-St-Zip: JACKSONVILLE, FL 32244

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 01/05/2012

Electronic Signature of Signing Officer or Director — Date