2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04000000417

Entity Name: FAMILIES IN NEED OF DIRECTION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1561 HARRIHGTON PK DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

3433 HERON DRIVE
JACKSONVILLE, FL 32250

Current Mailing Address:

1561 HARRIHGTON PK DR
JACKSONVILLE, FL 32225

New Mailing Address:

3433 HERON DRIVE
JACKSONVILLE, FL 32250

FEI Number: 20-0579927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOUSEY, CLAY B JR
ONE INDEPENDENT DR STE 2600
JACKSONVILLE, FL 32202 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:	D	( ) Delete
Name:	FEINGLASS, NEIL	
Address:	752 SHIPWATCH DR E	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	SEARS-FLETCHER, JULIE	
Address:	129 TWELVE OAKS	
City-St-Zip:	PONTE VEDRA BCH, FL 32082	
Title:	ED	( ) Delete
Name:	CARDINALE, VIRGINIA	
Address:	3433 HERON DR	
City-St-Zip:	JACKSONVILLE BCH, FL 32250	
Title:	D	( ) Delete
Name:	SHIRK, CHARLENE	
Address:	1070 E ADAMS ST	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	P	(X) Delete
Name:	HAMBY, VICKIE	
Address:	1561 HARRIHGTON PK DR	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	ST	(X) Delete
Name:	FEINGLASS, MARY B	
Address:	1561 HARRIHGTON PK DR	
City-St-Zip:	JACKSONVILLE, FL 32225	

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 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 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: VIRGINIA CARDINALE ED 01/06/2005
Electronic Signature of Signing Officer or Director — Date