# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 07, 2006**
**Secretary of State**

DOCUMENT# N05000004145

**Entity Name:** NORTHEAST FLORIDA CENTER FOR COMMUNITY & JUSTICE, INC.

**Current Principal Place of Business:**

4401 EMERSON STREET SUITE 9
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4401 EMERSON STREET SUITE 9
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number: 20-2719059** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYO, MARC M
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE, FL 32207 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: DUMBLETON, DUANE
Address: 4401 EMERSON STREET SUITE 9
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: BROTMAN, SOL
Address: 4401 EMERSON STREET SUITE 9
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: MAYO, MARC
Address: 4401 EMERSON STREET SUITE 9
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: ROSESSER, MARK
Address: 4401 EMERSON STREET SUITE 9
City-St-Zip: JACKSONVILLE, FL 32207

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SOL BROTMAN D 02/07/2006

Electronic Signature of Signing Officer or Director — Date