

## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008938

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** ACE MENTOR PROGRAM OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

111 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

**New Mailing Address:**

111 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

FEI Number: 20-5462738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

TRITT, ARNOLD D JR  
TRITT, FRANSON, HENDERSON & ISELEY, P.A.  
707 PÉNINSULAR PLACE  
JACKSONVILLE, FL 32204 US

TRITT, ARNOLD D JR  
707 PENINSULAR PLACE  
JACKSONVILLE, FL 32204 US

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:**

01/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: RAMSEY, DENISE M P.E.  
Address: % THE HASKELL CO - 111 RIVERSIDE AVE  
City-Street: JACKSONVILLE, FL 32202

Title: D  
Name: HULL, TERRY PE  
Address: 9000 CYPRESS GREEN DR STE 200  
City-St-Zip: JACKSONVILLE, FL 32256

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: ARNOLD D. TRITT, JR.

RA

01/13/2010

Electronic Signature of Signing Officer or Director

Date \_\_\_\_\_