

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000619

FILED
Apr 01, 2008
Secretary of State

Entity Name: NORTH FLORIDA CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

C/O GLORIA J MCINTOSH
372 W DUVAL ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

C/O GLORIA J MCINTOSH
372 W DUVAL ST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-5970221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTOSH, GLORIA J
146 NW FLOWERS PL
LAKE CITY, FL 32055 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: C () Delete
Name: HIGGINBOTHAM, SARAH
Address: 1005 SE 2ND AVE
City-St-Zip: JASPER, FL 32052

Title: C () Delete
Name: COFIELD, BOBBIE
Address: P.O.BOX 676
City-St-Zip: LAKE CITY, FL 32056

Title: S () Delete
Name: HERRING, ROSHONDA
Address: 517 SW HOUSTON AVE
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: MCLNTOSH, GLORIA J
Address: 146 NW FLOWERS PL
City-St-Zip: LAKE CITY, FL 32055

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: D (X) Change () Addition
Name: MCINTOSH, GLORIA J
Address: 146 NW FLOWERS PL
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify 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: GLORIA J. MCINTOSH

D

04/01/2008

Electronic Signature of Signing Officer or Director

Date