# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2010**
**Secretary of State**

DOCUMENT# N07156

**Entity Name:** FAMILY FOUNDATIONS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

1639 ATLANTIC BLVD
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1639 ATLANTIC BLVD
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number: 59-0768265** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.
14 EAST BAY ST
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: DC
Name: OWEN, HEATHER
Address: 1639 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT
Name: BORDELON, SHERYL
Address: 1639 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVC
Name: OSBORN, MATT
Address: 1639 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS
Name: MARSH, ANDY
Address: 1639 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

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: CHRISTINA W. BLACK EVP 04/21/2010

Electronic Signature of Signing Officer or Director — Date