

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07156

FILED
Apr 25, 2011
Secretary of State

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: CEO
Name: LOCKHART, DAWN
Address: 1639 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS
Name: SEMKO, SCOTT
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

04/25/2011

Electronic Signature of Signing Officer or Director

Date