

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007023

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA EDUCATIONAL INSTITUTE CORP

**Current Principal Place of Business:**

1527 GANDY ST.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

580 LAWTON AVENUE  
JACKSONVILLE, FL 32208 US

**Current Mailing Address:**

26 W. 7TH ST.  
JACKSONVILLE, FL 32206

**New Mailing Address:**

26 W. 7TH ST.  
JACKSONVILLE, FL 32206 US

**FEI Number:** 20-4240854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POOLE, STACEY L SR  
26 W. 27TH ST.  
JACKSONVILLE, FL 32206 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: PS  
Name: POOLE, STACEY L SR  
Address: 26 W. 7TH ST.  
City-St-Zip: JACKSONVILLE, FL 32206 US

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: STACEY L. POOLE, SR.

P

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date