FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:46

DOCUMENT # **N16761** (1)

1. Corporation Name

NORTHEAST FLORIDA PRIVATE INDUSTRY COUNCIL, INC.

Principal Place of Business	Mailing Address
%BARBARA KAUFFMAN 9143 PHILLIPS HIGHWAY STE 350 JACKSONVILLE FL 32256	%BARBARA KAUFFMAN 9143 PHILLIPS HIGHWAY STE 350 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2874086 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KAUFFMAN, BARBARA MS.
9143 PHILLIPS HIGHWAY
SUITE 350
JACKSONVILLE FL 32256-8635

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	DC	☒ Change ☐ Addition
NAME	OWENS, LINDA	12 NAME	Waldron, Harry	
STREET ADDRESS	1401 REID ST	13 STREET ADDRESS	1900 Corporate Sq. Blvd.	
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	DVC	21 TITLE	DST	☒ Change ☐ Addition
NAME	WALDRON, HARRY	22 NAME	Owens, Linda	
STREET ADDRESS	1900 CORPORATE SQUARE BLVD.	23 STREET ADDRESS	620-C Highway 19 South	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	HAND, STEVE	32 NAME		
STREET ADDRESS	2980 COLLINS AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara M. Kauffman 3/21/95 (904) 363-6360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0026686

N16761

Northeast Florida Private Industry Council, Inc.

Baker • Clay • Nassau • Putnam • St. Johns

Administrative Office (904) 363-6350 Suncom 874-6350
9143 Phillips Highway, Suite 350 FAX (904) 363-6356 FAX Suncom 874-6356
Jacksonville, Florida 32256 Toll Free Outside Jacksonville Calling Area 1-800-527-3573

March 27, 1995

Mr. Reginald Colston
Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 1637
Tallahassee, FL 32302-1500

RE: Annual Report for Northeast Florida Private Industry Council, Inc. Document #N16761

Dear Mr. Colston:

Enclosed is a check in the amount of $138.75 for the filing of the 1995 Nonprofit Corporation Annual Report for Northeast Florida Private Industry Council, Inc. and the issuance of the Certificate of Status. Please submit the Certificate of Status documentation to our administrative office address indicated above.

Thank you for your assistance. For further information, please contact Bonnie Moore, Operations Manager, at 1/800/527-3573.

Sincerely,

Barbara Kauffman

Enclosures

cc: Brian Teeple
Bonnie Moore