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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:14

DOCUMENT # N19067 (0)

1. Corporation Name
NESRA OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O JENETTE PEEK CACD 5-OC 701 SAN MARCO BLVD. JACKSONVILLE FL 32207	C/O JENETTE PEEK CACD 5-OC 701 SAN MARCO BLVD. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 09/14/1994
4. FEI Number: NOT APPLICABLE ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRUDENTIAL INSURANCE CO.
C/O JENETTE PEEK ~~CACD 5-OC~~
~~701 SAN MARCO BLVD.~~
JACKSONVILLE FL ~~32207~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83: 13178 DUVAL COURT WEST
84 City: SAME FL 85 Zip Code: 32218-3576

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: Jenette D Peek, Chapter President — DATE: Jan 20, 1995
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	DP	1.1 TITLE	SAME ☑ Change ☐ Addition
NAME	PEEK, JENETTE N	1.2 NAME	SAME
STREET ADDRESS	~~701 SAN MARCO BLVD. %CACD 5-OC~~	1.3 STREET ADDRESS	13178 DUVAL COURT WEST
CITY-ST-ZIP	JACKSONVILLE FL ~~32207~~	1.4 CITY-ST-ZIP	SAME 32218-3576
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, RENEE	2.2 NAME	
STREET ADDRESS	4201 BELFORT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216-1431	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	TRAMMELL, SHERYL	3.2 NAME	
STREET ADDRESS	807 NIRA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☑ Change ☐ Addition
NAME	KINCAID, WILMA	4.2 NAME	DONNA SMITH
STREET ADDRESS	1450 WEST CHURCH ST.	4.3 STREET ADDRESS	PO BOX 10157 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32204-1384	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32247-0157
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, JOSEY	5.2 NAME	
STREET ADDRESS	6440 SOUTH POINT PKWY. 3-D	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	MCGREGOR, MELANIE	6.2 NAME	
STREET ADDRESS	3625 UNIV. BLVD. S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216-4207	6.4 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: Jenette D Peek — Jan 16, 1995 — 904-391-4250
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001433