

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19067 (0)

1. Corporation Name

NESRA OF NORTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O JENETTE PEEK CACD 5-0C
701 SAN MARCO BLVD.
JACKSONVILLE FL 32207

C/O JENETTE PEEK CACD 5-0C
701 SAN MARCO BLVD.
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified
02/03/1987

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 26 13178 DUVAL COURT WEST

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 25 29 30 32218-3516 DUUSA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRUDENTIAL INSURANCE CO.
C/O JENETTE PEEK CACD 5-0C
13178 DUVAL COURT WEST
JACKSONVILLE FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jenette A. Peek, Co-President

(NOTE: Registered Agent signature required when reinstating)

DATE 01/17/1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME PEEK, JENETTE N
STREET ADDRESS 13178 DUVAL COURT WEST
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DP Same ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME WELLS, RENEE
STREET ADDRESS 4201 BELFORT RD.
CITY-ST-ZIP JACKSONVILLE FL 32216-1431

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 600001746716
2.4 CITY-ST-ZIP -03/18/96--01044--002

TITLE V ☐ DELETE
NAME TRAMMELL, SHERYL
STREET ADDRESS 807 NIRA ST.
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME SMITH, DONNA
STREET ADDRESS PO BOX 10157 N/A
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE VP membership ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME GRAY, JOSEY
STREET ADDRESS 6440 SOUTH POINT PKWY. 3-D
CITY-ST-ZIP JACKSONVILLE FL 32216

5.1 TITLE DV, P. PROGRAMS ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DP ☒ DELETE
NAME MCGREGOR, MELANIE
STREET ADDRESS 3625 UNIV. BLVD. S.
CITY-ST-ZIP JACKSONVILLE FL 32216-4207

6.1 TITLE SECRETARY ☐ Change ☒ Addition
6.2 NAME LAQUITA THIES
6.3 STREET ADDRESS 1820 BARAS STREET
6.4 CITY-ST-ZIP JACKSONVILLE FL 32204

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)(k), 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 A. Peek

January 17, 1996 904-391-4250

CR2E037 (12/95)

P.S. 3/18/96