

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morison</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19067** (0)

1. Corporation Name

**NESRA OF NORTHEAST FLORIDA, INC.**



Principal Place of Business	Mailing Address
C/O JENETTE PEEK CACD 500 701 SAN MARCO BLVD. JACKSONVILLE FL 32207	C/O JENETTE PEEK CACD 500 701 SAN MARCO BLVD. JACKSONVILLE FL 32207-8180

3. Date Incorporated or Qualified <b>02/03/1987</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>90 Laquita Thies</b>	26	<b>NOT APPLICABLE</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22 <b>1820 Barrs St - Suite 522</b>	27	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23 <b>Jacksonville FL</b>	28		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 <b>32204</b>	25 <b>Duval</b>		
29	30		

9. Name and Address of Current Registered Agent

**PRUDENTIAL INSURANCE CO.  
C/O JENETTE PEEK CACD 5-00  
13178 DUVAL COURT WEST  
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name	<b>90 Laquita Thies</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1820 Barrs St. - Suite 522</b>
83	<b>Jacksonville</b>
84 City	<b>FL</b>
85 Zip Code	<b>32204</b>

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 Laquita Thies - Laquita Thies 1-27-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEK, JENETTE N	1.2 NAME	<b>D President</b>
STREET ADDRESS	13178 DUVAL COURT WEST	1.3 STREET ADDRESS	<b>Laquita Thies</b>
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	<b>1820 Barrs St. - Suite 522 Jacksonville, FL 32204</b>
TITLE	NAME	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP WELLS, RENEE	2.2 NAME	<b>D VP/Programs</b>
STREET ADDRESS	4201 BELFORT RD.	2.3 STREET ADDRESS	<b>Marilyn Berleue</b>
CITY-ST-ZIP	JACKSONVILLE FL 32218-1431	2.4 CITY-ST-ZIP	<b>653 W. 8th St. 14th Floor Jacksonville, FL 32201</b>
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T TRAMMELL, SHERYL	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	807 NIRA ST.	3.3 STREET ADDRESS	<b>James Fortener</b>
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	<b>8443 Baymeadows Rd Jacksonville, FL 32256</b>
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SMITH, DONNA	4.2 NAME	
STREET ADDRESS	PO BOX 10157 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP GRAY, JOSEY	5.2 NAME	<b>D Past President</b>
STREET ADDRESS	8440 SOUTH POINT PKWY. 3-D	5.3 STREET ADDRESS	<b>Tara Reynolds</b>
CITY-ST-ZIP	JACKSONVILLE FL 32216	5.4 CITY-ST-ZIP	<b>One Independent Square Jacksonville, FL 32206</b>
TITLE	NAME	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S President</b> THIES, LAQUITA	6.2 NAME	<b>D Secretary</b>
STREET ADDRESS	1820 BARRS STREET	6.3 STREET ADDRESS	<b>Angie Hiler</b>
CITY-ST-ZIP	JACKSONVILLE FL 32204	6.4 CITY-ST-ZIP	<b>4800 Deer Lake Dr. East Jacksonville, FL 32246</b>

14. I do hereby certify that the information supplied with this filing 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: Laquita Thies - Laquita Thies 1-27-97 904-308-7349  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004911

CR2E037 (9/96)