

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19312

FILED
Mar 14, 2006
Secretary of State

Entity Name: BETTER BUSINESS BUREAU OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

4417 BEACH BLVD.
SUITE 202
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4417 BEACH BLVD.
SUITE 202
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2772051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEPHENS, WILLIAMS T JR.
4417 BEACH BLVD
SUITE 202
JACKSONVILLE, FL 32207 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: P () Delete
Name: STEPHENS, TOM
Address: 4417 BEACH BLVD, #202
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: MACINNES, DAVID
Address: 2036 MAYPORT RD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: CH () Delete
Name: RICHARDSON, CAROLYN
Address: PO DRAWER F
City-St-Zip: JACKSONVILLE, FL 32204

Title: T () Delete
Name: CUTTS, BILL
Address: 5232 ORTEGA GLEN DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: HARTENSTEIN, ALAN
Address: 7820 ARLINGTON EXPWY., #640
City-St-Zip: JACKSONVILLE, FL 32211

Title: CE () Delete
Name: BRIAR, JEFFREY
Address: 5521 CHRONICLE CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CE (X) Change () Addition
Name: MACINNES, DAVID
Address: 2036 MAYPORT RD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PC (X) Change () Addition
Name: RICHARDSON, CAROLYN
Address: PO DRAWER F
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change () Addition
Name: CUTTS, BILL
Address: 5232 ORTEGA GLEN DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change () Addition
Name: BELL, JEFF
Address: 5242 NORMANDY BV
City-St-Zip: JACKSONVILLE, FL 32205

Title: C (X) Change () Addition
Name: BRIAR, JEFFREY
Address: 5521 CHRONICLE CT
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM T. STEPHENS, JR.

P

03/14/2006

Electronic Signature of Signing Officer or Director

_____ Date