2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19312

FILED Apr 10, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4417 BEACH BLVD. SUITE 202

JACKSONVILLE, FL 32207 US

New Mailing Address: Current Mailing Address:

4417 BEACH BLVD. SUITE 202

JACKSONVILLE, FL 32207 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, WILLIAMS T JR. 4417 BEACH BLVD SUITE 202 JACKSONVILLE, FL 32207 US

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:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ATLANTIC BEACH, FL 32233 US

() Delete (X) Change () Addition STEPHENS, TOM STEPHENS, TOM Name: Name: 4417 BEACH BLVD, #202 Address: 4417 BEACH BLVD, #202 Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 US

Title: CE Title: CH (X) Change () Addition () Delete MACINNES, DAVID Name: MACINNES, DAVID Name:

Address: 2036 MAYPORT RD Address: 2036 MAYPORT RD

Title: Title: PC

() Delete (X) Change () Addition RICHARDSON, CAROLYN BRIAR, JEFF Name: Name:

5521 CHRONICLE CT Address: PO DRAWER F Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete Title: CE (X) Change () Addition

Name: CUTTS, BILL Name: CUTTS, BILL Address: 5232 ORTEGA GLEN DR Address: 5232 ORTEGA GLEN DR JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BELL, JEFF BELL, JEFF Name: Name:

5242 NORMANDY BV 5242 NORMANDY BV Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205 US

Title: () Delete Title: (X) Change () Addition

BRIAR, JEFFREY HARTENSTEIN, ALAN Name: Name: Address: 5521 CHRONICLE CT Address: 7820-640 ARLINGTON EXPY JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32211 US City-St-Zip: City-St-Zip:

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: TOM STEPHENS Ρ 04/10/2007