

2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90026 018 ****61.25

DOCUMENT # N30639

1. Entity Name

NORTHEAST FLORIDA INTERGROUP SERVICES, INC.



Principal Place of Business

3128 BEACH BLVD.
JACKSONVILLE FL 32207
US

Mailing Address

3128 BEACH BLVD.
JACKSONVILLE FL 32207
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1282217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, CYNTHIA
3128 BEACH BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LANSING, LON	
STREET ADDRESS	7275 SUN LANE	
CITY-STATE-ZIP	JACKSONVILLE FL 32222	
TITLE	TVC	<input checked="" type="checkbox"/> Delete
NAME	STEINER, DEAN	
STREET ADDRESS	8347 COMPASS ROSE DR S	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWANSON, CYNTHIA L	
STREET ADDRESS	4402 MELROSE AVENUE #4	
CITY-STATE-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHULTS, KEN	
STREET ADDRESS	4009 EUNIKER ROAD	
CITY-STATE-ZIP	JACKSONVILLE, FL 32250	
TITLE	TVC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSEN, DEBRA	
STREET ADDRESS	8558 ROYAL LAKES DRIVE	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, CYNTHIA L.	
STREET ADDRESS	5537 AUTUMN BROOK COURT	
CITY-STATE-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/07 (2007)
399-8535