## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30639

**FILED** Feb 10, 2009 Secretary of State

Entity Name: NORTHEAST FLORIDA INTERGROUP SERVICES, INC.

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

3128 BEACH BLVD.

JACKSONVILLE, FL 32207 LIS

**Current Mailing Address: New Mailing Address:** 

3128 BEACH BLVD.

JACKSONVILLE, FL 32207 US

FEI Number: 59-1282217 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SWANSON, CYNTHIA 3128 BEACH BLVD.

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:

Date

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition MOYER, CHARLES

453 SATURIBA DRIVE

ATLANTIC BEACH, FL 32233

JACKSONVILLE BEACH, FL 32250

() Delete SHULTZ, KEN Name:

Address: 4009 EUNICE ROAD

City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TVC ( ) Delete

Name: NELSEN, DEBRA Address: 8558 ROYAL LAKES DRIVE

City-St-Zip: JACKSONVILLE, FL 32256

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

SWANSON, CYNTHIA L Name: 5537 AUTUMN BROOK COURT Address: City-St-Zip: JACKSONVILLE, FL 32258

Name:

4009 EUNICE ROAD

LEE, ROBERT

TVC

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA L SWANSON S/D 02/10/2009