FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # N43748 (5)

1. Corporation Name

NORTHEAST FLORIDA FAMILY IMPACT CENTRE, INC.

Principal Place of Business	Mailing Address
6001 ARGYLE FOREST BOULEVARD SUITE 105 JACKSONVILLE FL 32244	6001 ARGYLE FOREST BOULEVARD SUITE 105 JACKSONVILLE FL 32244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3063204 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HALL, WILLIAM T.
6001 ARGYLE FOREST BLVD.
SUITE 105
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KUHRT, ANNETTE	12 NAME	
STREET ADDRESS	1704 ELSIE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MARELL, CHARLES	22 NAME	
STREET ADDRESS	11242 CLOVERHILL CIR N.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MARELL CAROLYN	32 NAME	
STREET ADDRESS	11242 CLOVERHILL CIR N.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHELTON, CHARLES	42 NAME	
STREET ADDRESS	3621 CAROL ANN LN	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KUHRT, DOUG	52 NAME	
STREET ADDRESS	1704 ELSIE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	HALL, JOYCE K	62 NAME	
STREET ADDRESS	3371 DEERFIELD POINTE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joyce K. Hall 3-20-95 777-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000B3B9