


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N46543
 1. Entity Name
 NORTH EAST BUSINESS ASSOCIATION, INC.



Principal Place of Business
 3113 CAPITAL MEDICAL BLVD.
 TALLAHASSEE, FL 32308

Mailing Address
 P.O. BOX 12591
 TALLAHASSEE, FL 32308



01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3091799 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MUNROE, MARGARET
 2762 CAPITAL CIR NE
 TALLAHASSEE, FL 32308

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, MAUREEN 2978 GIVERNY CIR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, NANCY P.O. BOX 727 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMENTS, BARBARA 3113 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, TED 1469 VIEUX CARRE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANKENSHIP, RICHARD 1713 MAHAN DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000396496
 01/30/06-80012-016 61.25

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara H. Clements, Trustee 1/20/06 850-942-1643