


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N92000000505</b>		
1. Entity Name N.T. WALKER HUMAN RESOURCE CENTER, INC.		
Principal Place of Business 143 N RODRIAMEZ ST ST AUGUSTINE, FL 32095 US		Mailing Address P. O. BOX 4524 ST. AUGUSTINE, FL 32085
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TATUM, SANDRA C 6912 CAVALIER RD JACKSONVILLE, FL 32208		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, NATHANIEL 208 ARGONAUT RD ST AUGUSTINE, FL 32085	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TATUM, SANDRA C 6912 CAVALIER RD JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPORROW, CAROLYN 570 W 5TH STREET SAINT AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JACKSON, NORSALUS 582 WILLOW WALK PL ST. AUGUSTINE, FL 32085	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOTLEY, GENE 18 S. WHITNEY STREET SAINT AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERSON, PATRICIA 17 ROLLINS AVE ST AUGUSTINE, FL 32095	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Sandra C. Tatum</u> / <u>Sandra C. Tatum</u> 4/26/04 (904) 824-6500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2849192

Applied For
Not Applicable

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

000000139573  
04/29/04-80086-003 61.25

**DO NOT WRITE  
IN THIS SPACE**