


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90185 030 \*\*\*\*70.00

<b>DOCUMENT # N92000000505</b> 1. Entity Name <b>N.T. WALKER HUMAN RESOURCE CENTER, INC.</b>					
Principal Place of Business <b>143 N RODRIAMEZ ST ST AUGUSTINE, FL 32095 US</b>			Mailing Address <b>P. O. BOX 4524 ST. AUGUSTINE, FL 32085</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2849192</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TATUM, SANDRA C 6912 CAVALIER RD JACKSONVILLE, FL 32208</b>			7. Name and Address of New Registered Agent Name <b>NATHANIEL JACKSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>582 WILLOW WALK PL.</b> City <b>ST. AUGUSTINE</b> <b>FL</b> Zip Code <b>32086</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, NATHANIEL 208 ARGONAUT RD ST AUGUSTINE, FL 32085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TATUM, SANDRA C 6912 CAVALIER RD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPORROW, CAROLYN 570 W 5TH STREET SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, NORSALUS 582 WILLOW WALK PL ST. AUGUSTINE, FL 32085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOTLEY, GENE 18 S. WHITNEY STREET SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, PATRICIA 17 ROLLINS AVE ST AUGUSTINE, FL 32095	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>582 Willow Walk PL. 32086</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: #Nathan Jackson</b> <b>NATHANIEL JACKSON</b> <b>4-24-05</b> <b>904 824-6500</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					