

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90112 038 ****61.25

DOCUMENT # N92000000505

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

40062020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2849192

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, NATHANIEL
582 WILLOW WACK PL
SAINT AUGUSTINE, FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nathaniel Jackson

Signature, typed or printed name of registered agent and title if applicable.

(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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JACKSON, NATHANIEL
STREET ADDRESS 582 WILLOW WALK PL
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME TATUM, SANDRA C
STREET ADDRESS 6912 CAVALIER RD
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☒ Delete

TITLE VD
NAME Randy Rogers
STREET ADDRESS 133 N. Beech Street
CITY-ST-ZIP Palatka, FL 32177 ☐ Change ☒ Addition

TITLE T
NAME SPORROW, CAROLYN
STREET ADDRESS 570 W 5TH STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME JACKSON, NORSALUS
STREET ADDRESS 582 WILLOW WALK PL
CITY-ST-ZIP ST. AUGUSTINE, FL 32085 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MOTLEY, GENE
STREET ADDRESS 18 S. WHITNEY STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROBERSON, PATRICIA
STREET ADDRESS 17 ROLLINS AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Nathaniel Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #