


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N92000000505</b>	
<b>1. Entity Name</b> N.T. WALKER HUMAN RESOURCE CENTER, INC.	

<b>Principal Place of Business</b> 143 N RODRIQUEZ ST ST AUGUSTINE, FL 32095 US	<b>Mailing Address</b> P. O. BOX 4524 ST. AUGUSTINE, FL 32085
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01092008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 59-2849192	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000792822 01/24/08-80024-011 70.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	JACKSON, NATHANIEL
<b>STREET ADDRESS</b>	582 WILLOW WALK PL
<b>CITY - ST - ZIP</b>	SAINT AUGUSTINE, FL 32086
<b>TITLE</b>	VD
<b>NAME</b>	ROGERS, RANDY
<b>STREET ADDRESS</b>	133 NORTH BEECH ST
<b>CITY - ST - ZIP</b>	PALATKA, FL 32177
<b>TITLE</b>	T
<b>NAME</b>	SPORROW, CAROLYN
<b>STREET ADDRESS</b>	570 W 5TH STREET
<b>CITY - ST - ZIP</b>	SAINT AUGUSTINE, FL 32095
<b>TITLE</b>	T
<b>NAME</b>	JACKSON, NORSALUS
<b>STREET ADDRESS</b>	582 WILLOW WALK PL
<b>CITY - ST - ZIP</b>	ST. AUGUSTINE, FL 32085
<b>TITLE</b>	T
<b>NAME</b>	MOTLEY, GENE
<b>STREET ADDRESS</b>	18 S. WHITNEY STREET
<b>CITY - ST - ZIP</b>	SAINT AUGUSTINE, FL 32095
<b>TITLE</b>	D
<b>NAME</b>	ROBERSON, PATRICIA
<b>STREET ADDRESS</b>	17 ROLLINS AVE
<b>CITY - ST - ZIP</b>	ST AUGUSTINE, FL 32095

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**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:** *Rev Nathaniel Jackson* **2-10-08 904864353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #