

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90032 034 ****70.00

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DOCUMENT # N93000002644					
1. Entity Name NORTHEAST FLORIDA AREA HEALTH EDUCATION CENTER, INC.					
Principal Place of Business 1107 MYRA STREET SUITE 250 JACKSONVILLE, FL 32204			Mailing Address 1107 MYRA STREET SUITE 250 JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3200731	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICHARDSON, BARBARA PHD 2750 NW 43RD ST SUITE 102 GAINESVILLE, FL 32608				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME POWELL, ANDREU STREET ADDRESS 1201 ATLANTIC AVENUE CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete		TITLE P NAME Angeline Bushy STREET ADDRESS 1200 International Speedway Blvd. CITY-ST-ZIP Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME BUSHY, ANGELINE STREET ADDRESS 1200 INTERNATIONAL SPEEDWAY BLVD. CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE V NAME Lucy B. Trice STREET ADDRESS 4567 St. Johns Bluff Road South CITY-ST-ZIP Jacksonville, FL 32224-2673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TRICE, LUCY B STREET ADDRESS 4567 ST JOHNS BLUFF ROAD SOUTH CITY-ST-ZIP JACKSONVILLE, FL 322242673	<input type="checkbox"/> Delete		TITLE T NAME Elisa Alter Zenni STREET ADDRESS 653-1 West 8th Street CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CROZIER, JOE STREET ADDRESS 1107 MYRA ST., STE. 250 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			Date: 1/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					