

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002644

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA AREA HEALTH EDUCATION CENTER, INC.

**Current Principal Place of Business:**

1107 MYRA STREET  
SUITE 250  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1107 MYRA STREET  
SUITE 250  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 59-3200731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RICHARDSON, BARBARA PHD  
2750 NW 43RD ST  
SUITE 102  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUSHY, ANGELINE  
Address: 1200 INTERNATIONAL SPDRWAY BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V ( ) Delete  
Name: TRICE, LUCY B  
Address: 4567 ST. JOHNS BLUFF RD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Delete  
Name: ZENNI, ELISA A  
Address: 653-1 WEST 8TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: CROZIER, JOE  
Address: 1107 MYRA ST., STE. 250  
City-St-Zip: JACKSONVILLE, FL 32209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: ZENNI, ELISA A  
Address: 653-1 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T (X) Change ( ) Addition  
Name: SMITH, JEFFREY R  
Address: 4501 CAPER ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CROZIER

D

03/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date