2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004268

1. Entity Name
NORTHEAST FLORIDA WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business	Mailing Address
2831 TALLEYRAND AVE. JACKSONVILLE, FL 32206	ATTEN:DEBORAH G.CLAYTON P.O.BOX 3005 JACKSONVILLE, FL 32206

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03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3204508
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOFBERG, DEBORAH
2831 TALLEYRAND AVE.
JACKSONVILLE, FL 32206

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000075703
03/03/04-80063-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TENCER, DAGMAR
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	DV
NAME	BARAKAT, KARAN
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	SD
NAME	LOFBERG, DEBORAH
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	DT
NAME	CLAYTOR, DEBORAH G
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	DV
NAME	CUMINS, KATELIN
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	DV
NAME	OLSON, NANCY
STREET ADDRESS	2831 TALLEYRAND AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32206

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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.

SIGNATURE: Deborah G. Clayton 03/02/2004 904/630-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #