

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000839

FILED
Apr 27, 2005
Secretary of State

Entity Name: BUSINESS DEVELOPMENT CORPORATION OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3156354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEEPLE, BRIAN D
6850 BELFORT OAKS PLACE
JACKSONVILLE, FL 32216 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: TEEPLE, BRIAN D
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: MYERS, LINDA D
Address: 1419 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MYERS, VERNON
Address: 350 STATE ROAD 19 NORTH
City-St-Zip: PALATKA, FL

Title: TD () Delete
Name: MYERS, LINDA
Address: 620-C HWY 19 SOUTH
City-St-Zip: PALATKA, FL 32177

Title: D (X) Delete
Name: PRACHAR, CHARLES
Address: 6138 MICHELLE ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Delete
Name: JORDAN, MARY
Address: 1900 FOURTEENTH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TEEPLE, BRIAN D MR
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD (X) Change () Addition
Name: MYERS, LINDA D MS
Address: 1419 REID STREET
City-St-Zip: PALATKA, FL 32177

Title: C (X) Change () Addition
Name: KANBAR, BLAIR R COMM.
Address: 1200 EAST MOODY BLVD., #1
City-St-Zip: BUNNELL, FL 32110

Title: VC (X) Change () Addition
Name: STERN, KAREN HON.
Address: P.O. DRAWER 349
City-St-Zip: ST. AUGUSTINE, FL 32085

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN D. TEEPLE

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date