

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000839

FILED
Jan 21, 2009
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:

MAHAVEN, STEVE E MR.
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: C () Delete
Name: DANZEISEN, DAVID MR.
Address: 520 S. PONCE DE LEON BLVD.
City-St-Zip: JACKSONVILLE, FL 32084

Title: VC () Delete
Name: KEARSEY, GRADY MR.
Address: 1315 S. THIRD STREET
City-St-Zip: JACKSONVILLE, FL 32240

Title: SECT () Delete
Name: DENNIS, BONNIE MS.
Address: 11100 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: TREA () Delete
Name: BURKE, ROBERT MR.
Address: 3000 HARTLEY RD. STE #7
City-St-Zip: JACKSONVILLE, FL 32257

Title: E D () Delete
Name: MAHAVEN, STEVE E MR.
Address: 6850 BELFORT OAKS PLACE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: STEVEN E. MAHAVEN

E D

01/21/2009

Electronic Signature of Signing Officer or Director

Date