

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004521

1. Entity Name  
FLORIDA NORTH SHORE TECHNOLOGY CENTERS, INC.



Principal Place of Business  
609 PIEDMONT DR  
TALLAHASSEE, FL 32312

Mailing Address  
609 PIEDMONT DR  
TALLAHASSEE, FL 32312

APPROVED  
AND  
FILED

06 JUL 19 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006

Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-3266035

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCBRIDE, WILLIAM B  
609 PIEDMONT DRIVE  
TALLAHASSEE, FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
MCBRIDE, WILLIAM B  
609 PIEDMONT DRIVE  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500077944386  
07/25/06--01029--002 \*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HELZER, SCOTT  
10021 LEAFWOOD DR.  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
GLEE, ROSE  
6755 LANDOVER CIR.  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06

386-8198