

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004998

1. Entity Name
ENTERPRISE NORTH FLORIDA CORPORATION



Principal Place of Business
4905 BELFORT RD
SUITE 110
JACKSONVILLE, FL 32256 US

Mailing Address
4905 BELFORT RD
SUITE 110
JACKSONVILLE, FL 32256 US



02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3333217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSITER, ALAN W
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSITER, ALAN W
STREET ADDRESS	4905 BELFORT ROAD SUITE 110
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	C
NAME	MAGUIRE, MICHAEL
STREET ADDRESS	50 NORTH LAURA STREET SUITE 3700
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	KELSO, LINDA
STREET ADDRESS	200 LAURA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	SMITH, JACK
STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	BLUM, FRED
STREET ADDRESS	3740 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000320782
04/21/05-80052-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #