


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90007 045 ****61.25

DOCUMENT # N97000005724

1. Entity Name
NELDNER FUND, INC.



Principal Place of Business Mailing Address

1912 SPOONBILL ST **1912 SPOONBILL ST**
JACKSONVILLE FL 32224 **JACKSONVILLE FL 32224**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3471417**

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

Appl. For
Not Applicable

6. Name and Address of Current Registered Agent

NELDNER, PATRICIA G
1912 SPOONBILL ST
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARD, KIMBERLY	
STREET ADDRESS	1912 SPOONBILL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NELDNER, PATRICIA G	
STREET ADDRESS	1912 SPOONBILL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NELDNER, ROBERT F	
STREET ADDRESS	955 NEW BEDFORD COURT	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELDNER, PEGGY A	
STREET ADDRESS	955 NEW BEDFORD COURT	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia G. Neldner* Date: **1-7-03** Daytime Phone #: **904-221-5933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)