

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000005149

1. Entity Name
NORTHEAST FLORIDA PRESERVATION, INC.



Principal Place of Business

**48 KING STREET
ST. AUGUSTINE, FL 32085**

Mailing Address

**P.O. BOX 4168
ST. AUGUSTINE, FL 32085**

FILED
04 MAY 20 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**PARKER, SUSAN R
48 KING STREET
ST. AUGUSTINE, FL 32085**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KENNETH 703 EMMETT AVENUE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSHNELL, JAY 155 PINTO LANE DAYTONA BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSKA, EMILY 317 A. PHILIP RANDOLPH WAY JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, NANCY 2441 FOXWOOD ROAD, SOUTH ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADSWORTH, GAIL 3162 N. OCEAN SHORE BLVD. FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, MARK 6419 LATCHSTRING COURT MELROSE, FL 32666

**DO NOT WRITE
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)(i), 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:

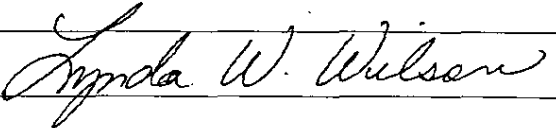
Kenneth M. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/04

Daytime Phone #

386-328-5389

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE 05/14/2004		S-W/Agency Voucher No. D40-0060-4844 005046 R	
OLO 450000		JT-2					
DEPARTMENT DEPARTMENT OF STATE							
SITE DEPARTMENT OF STATE							
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45	
CFO ACCOUNT NAME							
INVOICE						INCREASE AMOUNT	
	INVOICE AMOUNT					INCREASE AMOUNT	
45101000132-4520070000-040000000		4990		61.25			
GENERAL REVENUE FUND							
EXPENSES							
INV: 5149						61.25	
45101000132-4530010000-00010000							
GENERAL REVENUE FUND							
FEES							
TRANSACTION TYPE: JOURNAL ADVICE				TOTAL		TOTAL	
				61.25		61.25	
hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.				For State Comptroller's Use Only			
APPROVED: 				Time in		Audited By	
TITLE DIRECTOR, DIVISION OF ADMINISTRATIVE SERVICES							

FILE