


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90039 046 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| DOCUMENT # N99000007126   |  |   |   |    |  |
| 1. Entity Name<br>NE - SE INCORPORATED  |  |   |   |   |  |
| Principal Place of Business<br>3233 ERNEST ST.<br>JACKSONVILLE, FL 32205  |  |   | Mailing Address<br>P O BOX 41431<br>JACKSONVILLE, FL 32203-1431   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 4. FEI Number<br>52-2281320   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   | \$8.75 Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |
| CLARK, BEVERLY C<br>542 W 18TH ST<br>JACKSONVILLE, FL 32206   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| Make check payable to<br><b>Florida Department of State</b>   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>JONES, LORNA<br>1755 LEON ROAD<br>JACKSONVILLE, FL<br><input type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GINNY BROWN<br>339 BASSWOOD ST<br>JACKSONVILLE, FL 32206<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>CARTER, ROSALIND K<br>2445 DUNN AVE., #503<br>JACKSONVILLE, FL 32218<br><input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | LEWIS CARTER<br>2445 DUNN AVE. #503<br>JACKSONVILLE, FL 32218<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>MARTIN, BINK<br>1927 W. 26TH ST.<br>JACKSONVILLE, FL<br><input type="checkbox"/> Delete                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GEORGE YOUNG<br>11560 KEY BISCAYNE DR<br>JACKSONVILLE, FL 32218<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>THOMAS, KAREN<br>1642 SPRING BRANCH DR E<br>JACKSONVILLE, FL<br><input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>YOUNG, DOTTYE<br>11560 KEY BISCAYNE DR<br>JACKSONVILLE, FL 32218<br><input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>TURNER, SHELIA<br>3233 ERNEST ST.<br>JACKSONVILLE, FL 32205<br><input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____ <i>SHELIA TURNER</i> <span style="float: right;">1/27/04 379-5575</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |