

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708840

Entity Name: NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.**Current Principal Place of Business:**4070 BOULEVARD CENTER DRIVE
SUITE 200
JACKSONVILLE, FL 32207**Current Mailing Address:**P.O. BOX 52025
JACKSONVILLE, FL 32201 US**FEI Number:** 59-1090517**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HAYLE, SELENA
4070 BOULEVARD CENTER DRIVE
BUILDING 4500, SUITE 200
JACKSONVILLE, FL 32207 US*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.***SIGNATURE:** SELENA HAYLE**02/02/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD CHAIR
Name CAMPBELL, JUSTIN BOARD CHAIR
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title VICE CHAIR
Name PRESSLEY, SHEILA VICE CHAIR
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name ROGERS, HANK SECRETARY
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name BUGNET, SHERRY TREASURER
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title PARLIAMENTARIAN
Name ELKINS, RICHARD
PARLIAMENTARIAN
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title EXECUTIVE DIRECTOR
Name COBB RAY, KIMBERLY EXECUTIVE
DIRECTOR
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title FINANCE DIRECTOR
Name DALE, ERIC FINANCE DIRECTOR
Address 4070 BOULEVARD CENTER DRIVE
4500 BUILDING, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY COBB RAY**EXECUTIVE DIRECTOR****02/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date