

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708840

Entity Name: NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.**Current Principal Place of Business:**2055 REYKO ROAD
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:**MARINO, KAREN
2055 REYKO RD
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:** KAREN MARINO

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD CHAIR
Name BUGNET, SHERRY
Address 2055 REYKO ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title VICE CHAIR
Name ROGERS, HANK
Address 2055 REYKO ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name HEGEDUS, JOSEPH
Address 2055 REYKO RD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name URWILER, ROBERT
Address 2055 REYKO ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title PARLIAMENTARIAN
Name JEAN-BART, LESLIE
Address 2055 REYKO ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title EXECUTIVE DIRECTOR
Name MARINO, KAREN
Address 2055 REYKO ROAD
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title INTERIM FINANCE DIRECTOR
Name GISSANTANNER, MELODY
Address 2055 REYKO ROAD
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: KAREN MARINO

EXECUTIVE DIRECTOR

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date