

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724466

**Entity Name:** CHALLENGE ENTERPRISES OF NORTH FLORIDA, INC.**Current Principal Place of Business:**3530 ENTERPRISE WAY  
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**P.O. BOX 1248  
GREEN COVE SPRINGS, FL 32043**FEI Number:** 59-1478621**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOPELOUSOS, JOHN  
1269 KINGSLEY AVENUE  
ORANGE PARK, FL 32073 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADAMS, DENISE  
Address        900 WALNUT STREET  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title            S/T  
Name            DASHER, BONITA CPA  
Address        P.O. BOX 416  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title            D  
Name            CROWDER, TINA  
Address        5180 BAYMEADOWS RD  
City-State-Zip: JACKSONVILLE FL 32217

Title            DIRECTOR  
Name            SIMPSON, TIM  
Address        801 OAK STREET  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title            VICE PRESIDENT  
Name            KELLY, EDWARD  
Address        1301 RIVERPLACE BLVD, SUITE 1500  
City-State-Zip: JACKSONVILLE FL 32207

Title            D  
Name            POWERS, WILLIAM  
Address        2265 W. BEAVER ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title            DIRECTOR  
Name            CAMPBELL, BRYAN  
Address        245 RIVERSIDE AVE.  
                 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIRECTOR  
Name            KOSIEK, MARTIN  
Address        320 CORPORATE WAY, STE 100  
City-State-Zip: ORANGE PARK FL 32073

**Continues on page 2**

*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:** NANCY KEATING

CEO

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CEO
Name	KEATING, NANCY
Address	3530 ENTERPISE WAY
City-State-Zip:	GREEN COVE SPRINGS FL 32043