

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005086

FILED
Jan 15, 2005
Secretary of State

Entity Name: THE EXCHANGE CLUB OF THE JACKSONVILLE BEACHES, INC.

Current Principal Place of Business:

427 THIRD ST. NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

427 THIRD ST. NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-2259742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEGASS, WILLIAM G
427 THIRD ST. NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAER, LAURA H
Address: 77 TALLWOOD RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: NEVINS, BILL
Address: 1738 OCEAN GROVE DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: HUNTER, FRANKLIN
Address: 463 PALMWOOD LN
City-St-Zip: ATLANTIC BEACH, FL 32266

Title: D () Delete
Name: TIPTON, BOB
Address: 26 TALLWOOD DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: HICKS, ROBERT L
Address: 1449 HOPKINS CREEK LANE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D () Delete
Name: JENKINS, TIM
Address: 309 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BOB TIPTON

D

01/15/2005

Electronic Signature of Signing Officer or Director

Date