2004 NOT-FOR-PROFIT CORPORATION: ANNUAL REPORT (AR)

CITY-ST-7IP

Apr 15, 2004 8:00 am Secretary of State DOCUMENT # N03000005840 1. Entity Name 04-15-2004 90016 020 ****61.25 THE VESTCOR FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 94051881 3020 HARTLEY RD, STE 300 3020 HARTLEY RD, STE 300 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-1197315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD, STE 300 JACKSONVILLE FL 32257 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP ☐ Change XAddition TITLE ☐ Delete TITLE NAME NAME Rood, John D. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32257 TITLE ☐ Delete TITLE ☐ Change XAddition Rood, Jamie A. NAME NAME STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL 32257</u> ☐ Delete ☐ Change **X**Addition TITLE TITLE NAME NAME Farrell, Mark T. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP CITY-ST-ZIP Jacksonville. FL 32257 ☐ Change TITLE ☐ Delete TITLE X Addition NAME NAME Morgan, William L. STREET ADDRESS STREET ADDRESS 3020 Hartley Road, Suite 300 CITY-ST-ZIP CITY-\$T-ZIP Jacksonville, FL 32257 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Morgan

March 17, 2004 (904) 260-3030

Daytime Phone #

FILED