


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005339
 1. Entity Name
 DEMETREE FAMILY FOUNDATION, INC.



Principal Place of Business C/O ELISA A. DEMETREE 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	Mailing Address C/O ELISA A. DEMETREE 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
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04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3407379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEMETREE, ELISA A
 3740 BEACH BLVD SUITE 300
 JACKSONVILLE, FL 32207

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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000124657
 04/22/04-80053-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, JACK C 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, BETTY A 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, MARK C 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, JACK C JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETREE, ELISA A 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHERTY, LESLIE D 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Just C. Corcoran 4/20/04 904-348-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #