

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000005339 1. Entity Name DEMETREE FAMILY FOUNDATION, INC.	
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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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04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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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**DO NOT WRITE IN THIS SPACE**

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, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

**DO NOT WRITE IN THIS SPACE**

00000336020  
04/27/05-80107-024 61.25

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: Jack C Demetree 4-26-05 904-358-7350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #