


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>C/O ELISA A. DEMETREE          3740 BEACH BLVD SUITE 300          JACKSONVILLE, FL 32207</b>	Mailing Address <b>C/O ELISA A. DEMETREE          3740 BEACH BLVD SUITE 300          JACKSONVILLE, FL 32207</b>
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04172006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**DEMETREE, ELISA A  
 3740 BEACH BLVD SUITE 300  
 JACKSONVILLE, FL 32207**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**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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 05/04/06-80002-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **JACK C. DEMETREE** 4/19/06 904-398-7370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #