## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008061

City-St-Zip:

Entity Name: HALFACRE MEMORIAL FOUNDATION, INC

FILED Apr 26, 2006 Secretary of State

			.,			
Current Principal Place of Business:				New Principal Place of Business:		
	_O OAKS COI VILLE, FL 32			10407 CENTURION PARKWAY SUITE 112 JACKSONVILLE, FL 32256		
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
	ST. AUGUST	INE RD.				
#15 -153 JACKSON	VILLE, FL 32	257				
FEI Number	: 20-1508182	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	l Address of Ne	ew Registered Agent:	
4309 PABI	SON KEASLEF LO OAKS COI VILLE, FL 32		10407 CE	KEASLER LAW FIRM PA 10407 CENTURION PARKWAY SUITE 112 JACKSONVILLE, FL 32224 US		
	named entity of Florida.	submits this statement for the	purpose of changing	its registered off	ïce or registered agent, or both,	
SIGNATURE: FRANK KEASLER				04/26/2006		
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITIO	NS/CHANGES T	O OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( HALFACRE, A 11034 PEPPE JACKSONVILL	RMILL LANE	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ALEXANDER, 12698 SAMPS JACKSONVILL	ON ROAD	Title: Name: Address: City-St-Zip:	ATWATER, GRE	VENUE SUITE 102	
Title: Name: Address: City-St-Zip:	KEASLER, FR	AKS COURT SUITE 5	Title: Name: Address: City-St-Zip:	KEASLER, FRAN	ION PARKWAY SUITE 112	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ()C RADATZ, DICK \(\infty\) 2900 4TH ST. SV ROCHESTER, M	V	
Title: Name:	(	) Delete	Title: Name:	D () C		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

JACKSONVILLE, FL 32225

SIGNATURE: ALBERT HALFACRE PRES 04/26/2006