

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005086

**FILED**  
**Feb 08, 2014**  
**Secretary of State**  
**CC6599234243**

**Entity Name:** THE EXCHANGE CLUB OF THE JACKSONVILLE BEACHES, INC.

**Current Principal Place of Business:**

427 THIRD ST. NORTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

427 THIRD ST. NORTH  
JACKSONVILLE BEACH, FL 32250

**FEI Number: 59-2259742**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HILLEGASS, WILLIAM G  
427 THIRD ST. NORTH  
JACKSONVILLE BEACH, FL 32250 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PP  
Name TAYLOR, TOM  
Address 605 N 15TH STREET  
City-State-Zip: JACKSONVILLE BEAC FL 32250

Title P  
Name REEVES, MITCH  
Address SEA OATS DRIVE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title S  
Name MULLINS, JOHN  
Address OAKWOOD ROAD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title T  
Name HOBBS, HURSCHEL  
Address 3RD STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

*I hereby 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 all other like empowered.*

**SIGNATURE: TOM TAYLOR**

**PP**

**02/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date