

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005086

**FILED**  
**Jan 08, 2024**  
**Secretary of State**  
**626517222CC**

**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            PRESIDENT  
Name            BAUER, STEVE  
Address        SEMINOLE ROAD  
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: STEVE BAUER**

**P**

**01/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date