



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90125 045 \*\*\*\*61.25

<b>DOCUMENT # 715192</b> 1. Entity Name <b>THE SHECK &amp; EDWARD EXLEY FOUNDATION, INC.</b>					
Principal Place of Business <b>4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210</b>			Mailing Address <b>4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">50051556</div>  <div style="margin-top: 10px;">           04272005    Chg-NP    CR2E037 (10/03)         </div>	
City & State <i>See above</i>		City & State <i>15E</i>			
Zip    Country		Zip    Country			
4. FEI Number <b>59-6212068</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24pt; font-weight: bold;">50051556</div>  <div style="margin-top: 10px;">           04272005    Chg-NP    CR2E037 (10/03)         </div>	
6. Name and Address of Current Registered Agent <b>EXLEY, IRBY S 4549 ORTEGA FOREST DR JACKSONVILLE, FL 32210</b>					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
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. <div style="text-align: center; font-size: 24pt; font-weight: bold;">No change has been made.</div>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	Delete	TITLE	NAME	Delete
	PD EXLEY, IRBY S	<input type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS 4549 ORTEGA FOREST DRIVE				
	CITY-ST-ZIP JACKSONVILLE, FL 32210				
	SD EXLEY, VIRGINIA W	<input type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS 4549 ORTEGA FOREST DRIVE				
	CITY-ST-ZIP JACKSONVILLE, FL 32210				
	D DONALD PRESLEY	<input type="checkbox"/>			<input type="checkbox"/>
	STREET ADDRESS P.O. BOX 23				
	CITY-ST-ZIP JACKSONVILLE, FL				
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
no change					
no change					
no change					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Irby S. Exley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>IRBY S. EXLEY</b> <b>4549 ORTEGA FOREST DR.</b> <b>JACKSONVILLE, FL 32210</b>					