


**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 THE SHECK & EDWARD EXLEY FOUNDATION, INC.					
Principal Place of Business 4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210			Mailing Address 4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EXLEY, IRBY S 4549 ORTEGA FOREST DR JACKSONVILLE, FL 32210				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
				<i>N/A</i>	
				<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.					
<i>No change has been made.</i>					
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>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXLEY, IRBY S			NAME	<i>no change</i>
STREET ADDRESS	4549 ORTEGA FOREST DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXLEY, VIRGINIA W			NAME	<i>no change</i>
STREET ADDRESS	4549 ORTEGA FOREST DRIVE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD PRESLEY			NAME	<i>no change</i>
STREET ADDRESS	P.O. BOX 23			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: <i>Irby S. Exley</i>				IRBY S. EXLEY 4549 ORTEGA FOREST DR. JACKSONVILLE, FL 32210	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

**50051556**



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-6212068

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

*See above*  
*ISS*

*N/A*

*No change has been made.*  
*ISS*