

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 715192

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**



06072006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6212068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EXLEY, IRBY S
4549 ORTEGA FOREST DR
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EXLEY, IRBY S
STREET ADDRESS	4549 ORTEGA FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	SD
NAME	EXLEY, VIRGINIA W
STREET ADDRESS	4549 ORTEGA FOREST DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	D
NAME	DONALD PRESLEY
STREET ADDRESS	P.O. BOX 23
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06
Date

(904) 356-7444
Daytime Phone #