2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #715192

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 FILED Jul 24, 2008 08:00 AM Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

			 	\$8.75	Additional
	59-62	12068			Not Applicable
4.	FEI Num	ber			Applied For

5. Certificate of Status Desired

\$8.75 Additions Fee Required

6.	Name	and	Address	of	Current	Reg	gister	ed	Ager	٦t

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

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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 12, 2008

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

	<u> </u>					
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EXLEY, IRBY S 4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EXLEY, VIRGINIA W 4549 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD PRESLEY P.O. BOX 23 JACKSONVILLE, FL					
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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12. I hereby certify that the information supplied with this filling 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

Tinginia W. Esley - Vinginia W. Exley 7/21/08
statistic and typed on Printed MANE OF SIGNING OFFICER OR DIRECTOR

3 855 279