2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED

Apr 21, 2005 8:00 am Secretary of State

| 1. Entity Nam | MENT # 727697 AL COUNCIL OF GREATER | Z JACKSONVILLE, | | | | 04-21-2003 | 90230 017 | 01.2 | ప | |
|--|--|--|--|---|--------------------------------|---------------------|--|----------------------------------|---|--|
| Principal Place of Business Mailing Address 300 W WATER ST 300 W WATER ST STE 201 STE 201 JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US | | | | ic. | | 40064173 | | | | |
| JACKSONVILL | .E, FL 32202 US | JACKSONVILLE, FL 3 | 2202 U | | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 04132005 | Chg-NP | CR2E037 | (10/03) | | |
| City & State | | City & State | | 4. FEI Number 23-7347 | 442 | | | plied For t Applicable | | |
| Zip | Country | Zip | Cour | ntry | 5. Certificate o | Status Desired | | 3.75 Addi e Required | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and A | ddress of New | Registered Age | ent | | |
| BONEY, ANN B | | | | Name | | | | | | |
| 4849 GOODWIN STREET JACKSONVILLE, FL 32204 3815 BETTES CIRCLE 32210 | | | CLE | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 32210 | | | | | | | | |
| | • | | | City | <u></u> | | FL | Zip Code | ; | |
| | named entity submits this statement (o tions of registered agent. | r the purpose of changing i | ts registered | d office or reg | istered agent, or both | , in the State of F | forida. I am fan | niliar with, r | and accept | |
| | | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title II applicable. (NC | TE: Registered | Agent signature rec | quired when reinstating) | | DATE | | | |
| SIGNATURE. | Signature, typed or priviled name of registered agent of Filling Fee is \$61.25 Due by May 1, 2005 | 9. Election C | | nancing | \$5.00 May Be Added to Fees | | DATE Make check p orida Departm | ent of St | | |
| SIGNATURE . | Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR | 9. Election C Trust Fund | ampaign Fir | nancing | \$5.00 May Be | Flo | Make check p orida Departm | ent of St | ate 🧻 👉 | |
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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: David Hemphill Treasurer