

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745112

FILED
Jun 30, 2005
Secretary of State

Entity Name: JACKSONVILLE CHAMBER FOUNDATION, INC.

Current Principal Place of Business:

3 INDEPENDENT DR
JAX, FL 32202 US

New Principal Place of Business:

3 INDEPENDENT DR
JACKSONVILLE, FL 32202 US

Current Mailing Address:

3 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-1867407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, III WALTER M.
3 INDEPENDENT DR.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LEE III, WALTER M
3 INDEPENDENT DR.
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: WALTER M. LEE III

06/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, III, WALTER M
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: BEITZ, LYNETTE D
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: RILEY, JOYCE
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: CARLTON, JONES D
Address: 2008 RIVERSIDE AVE STE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: C () Delete
Name: SCHNIKEL, JOHN J
Address: PO BOX 1860
City-St-Zip: JACKSONVILLE, FL 32201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEE, III, WALTER M
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T (X) Change () Addition
Name: BEITZ, LYNETTE D
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: S (X) Change () Addition
Name: RILEY, JOYCE
Address: 3 INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D (X) Change () Addition
Name: JOHN, SCHMITT R
Address: 76 S LAURA STREEET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER M. LEE III

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date