2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# F04000001309

Entity Name: THE FOLEY FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 77-0472642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, GREGORY S
601 RIVERSIDE AVENUE
12TH FLOOR
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOLEY, LINDSAY E
Address: 1110 E. ALMOND AVENUE
City-St-Zip: ORANGE, CA 92866

Title: SCFD ( ) Delete
Name: FOLEY, CAROL J
Address: 3500 SUNNYSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: FOLEY, WILLIAM P II
Address: 3500 SUNNYSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: STINSON, ALAN L
Address: 17823 HOLLYRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: SADOWSKI, PETER T
Address: 6068 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: DEWEY, EDWARD E
Address: 4030 ALCAZAR AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOLEY, LINDSAY E
Address: 3500 SUNNYSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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

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 Chapter 119, 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: LINDSAY E FOLEY P 03/17/2006

Electronic Signature of Signing Officer or Director — Date