


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

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002727</b> 1. Entity Name <b>MELLEN C. GREELEY, AIA FOUNDATION, INC.</b>	
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Principal Place of Business <b>4141 SOUTHPOINT DRIVE EAST STE 202 JACKSONVILLE, FL 32216</b>	Mailing Address <b>4141 SOUTHPOINT DRIVE EAST STE 202 JACKSONVILLE, FL 32216</b>
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03102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3637802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>QUINONES, RICARDO E 4141 SOUTHPOINT DRIVE EAST STE 202 JACKSONVILLE, FL 32216</b>
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**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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, MELODY S 704 ROSSELLE STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, WILLIAM H III 704 ROSSELLE STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONES, RICHARDO E 4141 SOUTHPOINT DRIVE EAST STE 202 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENSHEL, ROBERT D 4141 SOUTHPOINT DRIVE EAST STE 202 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKES, JIM 4651 SALISBURY RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, TED 425 NORTH LEE STREET JACKSONVILLE, FL 32204

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IN THIS SPACE**

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05/11/06-80060-019 70.00

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: MELODY S. BISHOP** *Melody S. Bishop* **04/18/06** **204-356-2694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #