

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90024 008 \*\*\*\*61.25

**DOCUMENT # N01000006135**

1. Entity Name  
**THE SPENCE TRILEGACY FOUNDATION, INC.**



Principal Place of Business  
**2625 WEST 5TH STREET  
JACKSONVILLE, FL 32254**

Mailing Address  
**2625 WEST 5TH STREET  
JACKSONVILLE, FL 32254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3740197**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TRAYLOR, W. HAMILTON  
2625 WEST 5TH STREET  
JACKSONVILLE, FL 32254**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **SPENCE, CARLTON H**  
STREET ADDRESS **2625 WEST 5TH STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **D** ☐ Delete  
NAME **SPENCE, RUBY**  
STREET ADDRESS **2625 WEST 5TH STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **PD** ☐ Delete  
NAME **SPENCE, CINDY SADLER**  
STREET ADDRESS **2625 WEST 5TH STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **D** ☐ Delete  
NAME **SPENCE, JEFFREY C**  
STREET ADDRESS **2625 WEST 5TH STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **D** ☐ Delete  
NAME **SPENCE, DONALD**  
STREET ADDRESS **2625 WEST 5TH STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Carlton H. Spence*

Carlton Spence

4/5/04

(904) 786-8638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #