

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006135

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE SPENCE TRILEGACY FOUNDATION, INC.

Current Principal Place of Business:

2625 WEST 5TH STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2625 WEST 5TH STREET
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3740197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPENCE, CARLTON H
2625 WEST 5TH STREET
JACKSONVILLE, FL 32254 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: CARLTON H. SPENCE

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPENCE, CARLTON H
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: SPENCE, RUBY
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: PD () Delete
Name: SPENCE, CINDY SADLER
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: SPENCE, JEFFREY C
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: SPENCE, DONALD
Address: 2625 WEST 5TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CARLTON H. SPENCE

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date