

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-20-2002 90125 041 ****61.25

DOCUMENT # N01000008545

1. Entity Name

THE CHILDREN'S FOUNDATION OF THE EXCHANGE CLUB OF THE JACKSONVILLE BEACHES, INC.

Principal Place of Business

Mailing Address

427 3RD ST N
 JACKSONVILLE FL 32250

427 3RD ST N
 JACKSONVILLE FL 32250

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

50-0027682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLEGASS, WILLIAM G
427 3RD ST N
JACKSONVILLE FL 32250

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LICKFELD, RUSS	3507 S 1ST ST JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete							
D	KELLEY, TRICIA	2419 BRITTANY CT PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete							
D	LIBERTY, MAE	2151 GAIL AVE JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete							
D	HANSON, JIM	2239 BAREFOOT TR ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete							
D	HESS, DAVID JR	3295 OLD BARN RD E PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete							
D	ROSER, VINCE	2253 BEACHCOMER TR ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete							

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:

SIGNATURE REQUIRED

2-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)