2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N01000008545

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

Current Principal Place of Business:

427 3RD ST N
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

427 3RD ST N
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 30-0027682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: D ( ) Delete
Name: LICKFELD, RUSS
Address: 3507 S 1ST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: KELLEY, TRICIA
Address: 2419 BRITTANY CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: LIBERTY, MAE
Address: 2151 GAIL AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: HANSON, JIM
Address: 2239 BAREFOOT TR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: DEVANE, RICHARD
Address: 3507 S 1ST STREET
City-St-Zip: JACKSONVILE, FL 32082

Title: D ( ) Delete
Name: JENKINS, TIM
Address: 2253 BEACHCOMER TR
City-St-Zip: PONT VEDRA BEACH, FL 32233

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:

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: WILLIAM G HILLEGASS — RA — 01/08/2004

Electronic Signature of Signing Officer or Director — Date