2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008545

Apr 16, 2006 Secretary of State

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

INC

Current Principal Place of Business: New Principal Place of Business:

427 3RD ST N

JACKSONVILLE, FL 32250

Current Mailing Address: New Mailing Address:

427 3RD ST N

JACKSONVILLE, FL 32250

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLEGASS, WILLIAM G 427 3RD ST N

JACKSONVILLE, FL 32250 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LICKFELD, RUSS
 Name:
 SNEED, JEFF

 Address:
 3507 S 1ST ST
 Address:
 113 S. ROSCOE BLVD

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete Title: D (X) Change () Addition Name: KELLEY, TRICIA Name: HANSON, JIM

Address: 2419 BRITTANY CT Address: 2239 BAREFOOT TRAIL

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LIBERTY, MAE
 Name:
 BRYAN, CHRIS

 Address:
 2151 GAIL AVE
 Address:
 4417 HUNTER HAVEN LANE E

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32224

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: HANSON, JIM Name: BAER, LAURA
Address: 2239 BAREFOOT TR Address: 77 TALLWOOD DRIVE

City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Address: 3507 S 1ST STREET Address: 110 GRENADA LANE
City-St-Zip: JACKSONVILE, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete Title: D (X) Change () Addition

 Name:
 JENKINS, TIM
 Name:
 MORISON, JACK

 Address:
 2253 BEACHCOMER TR
 Address:
 152 ABACO WAY

City-St-Zip: PONT VEDRA BEACH, FL 32233 City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/16/2006