

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
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      US

**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: P      ( ) Delete  
Name: BRYAN, CHRIS  
Address: 4417 HUNTER HAVEN LANE E  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP      ( ) Delete  
Name: REITER, DEE  
Address: 1798 SELVA MARINA DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S      ( ) Delete  
Name: SMITH, GLENN  
Address: 219 SOLANO CAY CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T      ( ) Delete  
Name: MORISON, JACK  
Address: 152 ABACO WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

I hereby certify that the information supplied with this filing does not qualify 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

D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date