

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008545

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**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  
Name: TAYLOR, TOM  
Address: 605 N 15TH STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PP  
Name: MORRISON, JACK  
Address: 152 ABACO WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S  
Name: FRICK, KEN  
Address: 13530 MT. PLEASANT RD.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T  
Name: CHAO, TOM  
Address: 2427 PINE ISLAND CT  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HILLEGASS

RA

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date