

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001454

FILED
May 16, 2006
Secretary of State

Entity Name: CORY SOLES FOUNDATION, INC.

Current Principal Place of Business:

415 16TH AVENUE, SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

415 16TH AVENUE, SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3766443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AKEL, EDWARD C
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 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:

Title: D () Delete
Name: SOLES-SMITH, DEBBIE
Address: 415 16TH AVENUE, SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: SOLES, ERIC
Address: 595 MAY STREET, SOUTH
City-St-Zip: BALDWIN, FL 32234

Title: D () Delete
Name: SMITH, JERRY A
Address: 415 16TH AVENUE, SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: DEBBIE SOLES-SMITH

MS.

05/16/2006

Electronic Signature of Signing Officer or Director

Date