

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003190

FILED
Aug 24, 2004
Secretary of State**Entity Name:** THE DONNA HICKEN FOUNDATION, INC.**Current Principal Place of Business:**50 N. LAURA ST., SUITE 2500
JACKSONVILLE, FL 32202**New Principal Place of Business:**1015 ATLANTIC BOULEVARD
SUITE 144
ATLANTIC BEACH, FL 32233**Current Mailing Address:**50 N. LAURA ST., SUITE 2500
JACKSONVILLE, FL 32202**New Mailing Address:****FEI Number:** 57-1163099**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PROM, STEPHEN G
50 N. LAURA ST., SUITE 2500
JACKSONVILLE, FL 32202**Name and Address of New Registered Agent:**MOTOLAW, INC.
50 N. LAURA ST., SUITE 2500
JACKSONVILLE, FL 32202

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: ROBERT. G. SHAFFER, II

08/24/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEEGAN, DONNA
Address: 1331 N. 1ST ST., #504
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: D () Delete
Name: MEHRLUST, SUSAN L
Address: 1961 SEMINOLE RD.
City-St-Zip: ATLANTIC BCH, FL 32233

Title: D () Delete
Name: GILLESPIE, JULIE
Address: 2021 VELA NORTE CIR.
City-St-Zip: ATLANTIC BCH, FL 32233

Title: D () Delete
Name: COLE, ANDREA G
Address: 13762 WINDSOR CIR. CT. W
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BEALE, CELESTE R
Address: 4300 MARSH LANDING BLVD., #201
City-St-Zip: JACKSONVILLE BCH, FL 32225

Title: D () Delete
Name: PEREZ, EDITH
Address: 694 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEEGAN, DONNA
Address: 1015 ATLANTIC BOULEVARD, SUITE 144
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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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: JULIE GILLESPIE

D

08/24/2004

Electronic Signature of Signing Officer or Director

Date