## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003190

FILED Feb 01, 2007 Secretary of State

Entity Name: THE DONNA HICKEN FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1015 ATLANTIC BOULEVARD SUITE 144 ATLANTIC BEACH, FL 32233 **New Mailing Address: Current Mailing Address:** 1015 ATLANTIC BOULEVARD 1015 ATLANTIC BOULEVARD SUITE 144 SUITE 144 JACKSONVILLE, FL 32233 ATLANTIC BEACH, FL 32233 FEI Number: 57-1163099 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: F & L CORP TERRAZZANO, JULIE ONE INDEPENDENT DRIVE 1015 ATLANTIC BLVD **SUITE 1300** SUITE 144 JACKSONVILLE, FL 32202 US ATLANTIC BEACH, FL 32233 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: JULIE TERRAZZANO 02/01/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P, D () Delete () Change () Addition DEEGAN, DONNA Name: Name: 1015 ATLANTIC BOULEVARD, SUITE 144 Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MEHRLUST, SUSAN L Name: STAINES, PHYLLIS Name: Address: 1961 SEMINOLE RD. Address: 13302 EGRETS GLADE CT City-St-Zip: ATLANTIC BCH, FL 32233 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: () Change () Addition TERRAZZANO, JULIE Name: Name: Address: 2135 INTRACOASTAL SOUND DRIVE EAST Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: COLE, ANDREA G Name: 13762 WINDSOR CROWN COURT WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: () Delete Title: () Change () Addition BEALE, CELESTE R Name: Name: 4300 MARSH LANDING BLVD., #201 Address: Address: City-St-Zip: JACKSONVILLE BCH, FL 32250 City-St-Zip: Title: () Delete Title: () Change () Addition PEREZ. EDITH Name: Name: Address: 694 PONTE VEDRA BLVD. Address: PONTE VEDRA BCH, FL 32082 City-St-Zip: 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.

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