2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N03000003584 02-02-2006 90076 008 ****61.25 THE PAUL HAMILL MUSIC FOUNDATION, INC. Principal Place of Business Mailing Address 4236 PALMER AVENUE JACKSONVILLE FL 32210-3335 4236 PALMER AVENUE JACKSONVILLE FL 32210-3335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 16-1677958 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILL, KAREN R Street Address (P.O. Box Number is Not Acceptable) **4236 PALMER AVENUE** JACKSONVILLE FL 32210-3335 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Pavable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State St. St. All Sciences OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE ☐ Delete TITLE Change Addition HAMILL, KAREN R NAME NAME STREET ADDRESS 4236 PALMER AVENUE STREET ADDRESS JACKSONVILLE FL 32210-3335 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition GARRETT, GARY NAME NAME 11330 PINE ACRES ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223-8752 CITY-ST-ZIP CITY-ST-ZIP Change TITI F Delete TITLE ☐ Addition Brennan W. Hamill 4236 Paimer Ave. HAM**X**ILL, BRENNAN W NAME NAME 4236 PALMER AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-709 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Feb 02, 2006 8:00 am

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

Kain R Haull SIGNATURE: KACOA

CITY-ST-ZIP