2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000010896



1. Entity Name LOUIS & MARY HUNTLEY FOUNDATION, INC. Principal Place of Business Mailing Address - 50064369 1726 KINGSLEY AVE STE 2 1726 KINGSLEY AVE STE 2 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number APPLIED FOR Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Irene M. To to PARKER, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 1726 KINGSLEY AVE STE 2 ORANGE PARK, FL 32073 1726 Kingsky Are Suite 2 Orange Park 2°73 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 TOTO SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Fiorida Department of State Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 BOD Delete TET1 F ■ Addition TITLE LESTAGE, HELEN NAME 1726 KINGSLEY AVE STE 2 STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIP DVC ~_Oelete ☐ Change ☐ Addition TITLE GRIM, JANET NAME NAME 2399 OAK COURT STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-\$1-ZIP CITY-ST-ZIP DC ☐ Change Delete TITLE ☐ Addition LINDER, BETH NAME NAME STREET ADDRESS 1907 BELLE ANGELINE COURT STREET ADORESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CJTY-\$1-78 CEO Delete TITLE XI Change Addition TITLE Irene M. Toto ATCHISON, GAIL PHD NAME NAME 2265 Post Street 1747 OCEAN GROVE DRIVE STREET ADDRESS STREET ADDRESS Jacksonville, FL 32204 ATLANTIC BEACH, FL 32233 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR OF TIMENCE Delete TITLE M Change ☐ Addition TITLE Tina M. Swathwood PARKER, JENNIFER NAME 1826 Creck bank Drive NAME 574 BOWIE BLVD STREET ADDRESS STREET ADDRESS Middleburg.FL 32008 CITY-ST-7IP ORANGE PARK, FL 32073 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify 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 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

SIG	NATURE:
-----	---------

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENT Date

Daytime Phone #

FILED

Sep 01, 2005 8:00 am Secretary of State

09-01-2005 90022 032 ****70.00