

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003149

FILED
Apr 28, 2006
Secretary of State

Entity Name: TWENTY-FIRST CENTURY CHALLENGE, INC.

Current Principal Place of Business:

1725 MEMORIAL PARK DRIVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1725 MEMORIAL PARK DRIVE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 01-4282073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DES, WILLIAM J
2215 RIVER BLVD
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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: CD () Delete
Name: HICKS, DAVID M
Address: 1725 MEMORIAL PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: ANDREWS, BRUCE
Address: 601 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: DEAS, WILLIAM
Address: 2215 RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: EDGERTON, JOHN
Address: 1300 BROAD STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: FERGUSON, RONNIE
Address: 1300 BROAD STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MILLIGAN, JAMES W
Address: 2803 RIDGEFIELD COURT
City-St-Zip: JACKSONVILLE, FL 32257

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:

Title: () Change () Addition
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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: DAVID M HICKS

CD

04/28/2006

Electronic Signature of Signing Officer or Director

Date