

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005855

FILED
May 12, 2005
Secretary of State

Entity Name: CNB FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

9715 GATE PKWY NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

1200 RIVERPLACE BLVD
SUITE 830
JACKSONVILLE, FL 32207

Current Mailing Address:

9715 GATE PKWY NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

151 CORLEY MILL ROAD
MAIL CODE SC968-49
LEXINGTON, SC 29072

FEI Number: 56-2466130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAX CO.,
50 N. LAURA ST., SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

CHENEY, ANDY RA
1200 RIVERPLACE BLVD
SUITE 830
JACKSONVILLE, FL 32207 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: ANDY CHENEY

05/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANKLAND, G. THOMAS
Address: 9715 GATE PKWY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: JONES, ROY D
Address: 9715 GATE PKWY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: SKINNER, HALEYON E
Address: 50 N. LAURA ST., SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Delete
Name: TROWELL, K.C.
Address: 9715 GATE PKWY NORTH
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FRANKLAND, G. THOMAS
Address: 1200 RIVERPLACE BLVD, SUITE 830
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST (X) Change () Addition
Name: JONES, ROY D
Address: 104 S. MAIN STREET
City-St-Zip: GREENVILLE, SC 29601

Title: D (X) Change () Addition
Name: SKINNER, HALCYON E
Address: 50 N. LAURA ST, SUITE 3300
City-St-Zip: JACKSONVILLE, FL 32202

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: G. THOMAS FRANKLAND

P/D

05/12/2005

Electronic Signature of Signing Officer or Director

Date