2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

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Entity Name: HALFACRE MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

4309 PABLO OAKS COURT SUITE 5
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4309 PABLO OAKS COURT SUITE 5
JACKSONVILLE, FL 32224

New Mailing Address:

11250OLD ST. AUGUSTINE RD.
#15 -153
JACKSONVILLE, FL 32257

FEI Number: 20-1508182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDERSON KEASLER LAW FIRM PA
4309 PABLO OAKS COURT SUITE 5
JACKSONVILLE, FL 32224 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: D ( ) Delete
Name: HALFACRE, ALFRED E
Address: 11034 PEPPERMILL LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: ALEXANDER, WILLIE JR
Address: 12698 SAMPSON ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: KEASLER, FRANK R JR
Address: 4309 PABLO OAKS COURT SUITE 5
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HALFACRE, ALBERT E
Address: 11034 PEPPERMILL LANE
City-St-Zip: JACKSONVILLE, FL 32257

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 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: ALBERT E. HALFACRE D 04/07/2005

Electronic Signature of Signing Officer or Director — Date