2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: TIMOTHY JAMES SEAMANS MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 11293
JACKSONVILLE, FL 322931293

New Principal Place of Business:

7130 OAKWOOD DRIVE
JACKSONVILLE, FL 32211

Current Mailing Address:

PO BOX 11293
JACKSONVILLE, FL 322931293

New Mailing Address:

PO BOX 11293
JACKSONVILLE, FL 32293

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURTIS, C. WILLIAM III PA
2107 HENDRICKS AVE 2ND FLOOR
JACKSONVILLE, FL 32207 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: SEAMANS, DAVID R
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

Title: D ( ) Delete
Name: SEAMANS, MONICA J
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

Title: D ( ) Delete
Name: SEAMANS, ASHLEY M
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

Title: D ( ) Delete
Name: WOODS, CAROLYN
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

Title: D ( ) Delete
Name: RIVERA, MARIO
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

Title: D ( ) Delete
Name: GARDNER, FRED
Address: PO BOX 11293
City-St-Zip: JACKSONVILLE, FL 322931293

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
Name:
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 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 R. SEAMANS D 04/30/2007
Electronic Signature of Signing Officer or Director — Date