FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:36

DOCUMENT # N08025 (1)

1. Corporation Name
EXECUTIVE SERVICE CORPS OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM H. DODD 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202	C/O WILLIAM H. DODD 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2514006 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7113 TONGA DR	26 7113 TONGA DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL	28 City & State: JACKSONVILLE, FL
24 Zip: 32216 25 Country: DUVAL	29 Zip: 32216 30 Country: DUVAL

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALBRIGHT, THOMAS E. 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202	81 Name: William H. Dodd 82 Street Address (P.O. Box Number is Not Acceptable): 7113 TONGA DR. 83 84 City: JACKSONVILLE FL 85 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William H. Dodd — William H. Dodd — 2/8/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKWITH, HENRY H.	1.2 NAME		
STREET ADDRESS	2160 MCCOYS BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D/P	2.1 TITLE		☐ Change ☐ Addition
NAME	NETTING, WILLIAM L.	2.2 NAME		
STREET ADDRESS	P. O. BOX 4579	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D/T	☒ Change ☐ Addition
NAME	DODD, WILLIAM H.	3.2 NAME	William H. Dodd	
STREET ADDRESS	532 RIVERSIDE AVENUE	3.3 STREET ADDRESS	7113 TONGA DR	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HASTINGS, DAVID	4.2 NAME		
STREET ADDRESS	4605 ARGONNE LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	D/T	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ALBRIGHT, THOMAS E.	5.2 NAME		
STREET ADDRESS	532 RIVERSIDE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Dodd — William H. Dodd — 2/8/95 — (904) 791-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001260