2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90005 028 ****61.25

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DOCUMENT # N08025

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

Principal Place of Business
C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE, FL 32216 US

Mailing Address
C/O WILLIAM H. DODD
7113 TONGA DR.
JACKSONVILLE, FL 32216 US

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2514006 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DODD, WILLIAM H 7113 TONGA DR JACKSONVILLE, FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BECKWITH, HENRY H.	NAME	
STREET ADDRESS	524 STOCKTON ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	DTP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRAPMTON, ROBERT	NAME	
STREET ADDRESS	8145 HUNTERS GROVE RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	MD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DODD, WILLIAM H.	NAME	
STREET ADDRESS	7113 TONGA DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HIGHTOWER, MICHAEL R	NAME	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARLIN, LEWIS D.	NAME	
STREET ADDRESS	1413 FOREST MARSH DR.	STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH., FL 32266	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASSADY, GEORGE E	NAME	
STREET ADDRESS	3880 Cyporess Bend Lane	STREET ADDRESS	
CITY-ST-ZIP	Middleburg, FL 32068-4103	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Dodd William H. Dodd 1/12/2005 (904)725-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #