

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08025

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2514006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODD, WILLIAM H
7113 TONGA DR
JACKSONVILLE, FL 32216 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: BECKWITH, HENRY H.,
Address: 524 STOCKTON ST.
City-St-Zip: JACKSONVILLE, FL

Title: DTP () Delete
Name: FRAPMTON, ROBERT,
Address: 8145 HUNTERS GROVE RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: MD () Delete
Name: DODD, WILLIAM H.,
Address: 7113 TONGA DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HIGHTOWER, MICHAEL R
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ARLIN, LEWIS D.,
Address: 1413 FOREST MARSH DR.
City-St-Zip: NEPTUNE BCH., FL 32266

Title: CD () Delete
Name: CASSIDY, GEORGE E
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 32256

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 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: WILLIAM H. DODD

MD

04/28/2006

Electronic Signature of Signing Officer or Director

Date