

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N42634

Entity Name: THE NORTHEAST FLORIDA EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE, INC.

Current Principal Place of Business:

2747 ART MUSEUM DRIVE
SUITE 100
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2747 ART MUSEUM DRIVE
SUITE 100
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3060241 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TRENT, EDWARD
50 N. LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 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: VP () Delete
Name: HALLOCK, PETER
Address: 8006 WHISPER LAKE LANE, EAST
City-St-Zip: PONTE VEDRA, FL 32082

Title: S () Delete
Name: SIMPSON, MARJORIE
Address: 1875 INLET COVE COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: P () Delete
Name: MILLER, JAN DR.
Address: 5645 NETTIE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: HAZARD, JACK
Address: 10033 SAWGRASS DRIVE, WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: D () Delete
Name: SPENCER, PAMELA
Address: 2084 SALLAS LANE
City-St-Zip: JACKSONVILLE, FL 32233

Title: ED () Delete
Name: ALEXANDER, BARBARA J
Address: 217 BEECH WOOD COURT
City-St-Zip: ORANGE PARK, FL 32073

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
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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 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: BARBARA J. ALEXANDER

ED

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date