## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42634

Apr 12, 2006 Secretary of State

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

**Current Principal Place of Business:** New Principal Place of Business:

2747 ART MUSEUM DRIVE 1965 BEACHWAY ROAD

SUITE 100 SUITE 109

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

New Mailing Address: **Current Mailing Address:** 

2747 ART MUSEUM DRIVE 1965 BEACHWAY ROAD

SUITE 100 SUITE 109

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRENT, EDWARD 50 N . LAURA STREET **SUITE 2500** JACKSONVILLE, FL 32202 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

HALLOCK, PETER HALLOCK, PETER MR. Name: Name: 8006 WHISPER LAKE LANE, EAST Address: 13901 SUTTON PARK DRIVE S., STE. 200 Address:

City-St-Zip: PONTE VEDRA, FL 32082 City-St-Zip: JACKSONVILLE, FL 32224 US

(X) Change ( ) Addition Title: () Delete Title: SIMPSON, MARJORIE Name: HESS, JR., DAVID HMR. Name: Address: 1875 INLET COVE COURT Address: 3295 OLD BARN ROAD E.

City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: () Delete Title: S/D (X) Change ( ) Addition MILLER, JAN DR. HILKEN, DAN MR. Name: Name:

3510 LAUREL LEAF DRIVE Address: 5645 NETTIE ROAD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: ORANGE PARK, FL 32065 US

(X) Change ( ) Addition Title: () Delete Title: T/D Name: HAZARD, JACK Name: HUNTER, FRANK MR.

10033 SAWGRASS DRIVE, WEST 240 - 14TH AVENUE SOUTH Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32004 City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: () Delete Title: (X) Change ( ) Addition

SPENCER, PAMELA O'HARA, SALLIE MS. Name: Name: 2084 SALLAS LANE 1965 BEACHWAY ROAD, SUITE 109 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32233 City-St-Zip: JACKSONVILLE, FL 32207 US

Title: (X) Delete Title: () Change () Addition Name:

ALEXANDER, BARBARA J Name: Address: 217 BEECH WOOD COURT Address: ORANGE PARK, FL 32073 City-St-Zip: 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: SALLIE O'HARA MS. 04/12/2006