

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
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:

1965 BEACHWAY ROAD
SUITE 109
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1965 BEACHWAY ROAD
SUITE 109
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: P/D () Delete
Name: HALLOCK, PETER MR.
Address: 13901 SUTTON PARK DRIVE S., STE. 200
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP/D () Delete
Name: HESS, JR., DAVID H MR.
Address: 3295 OLD BARN ROAD E.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S/D () Delete
Name: HILKEN, DAN MR.
Address: 3510 LAUREL LEAF DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: T/D () Delete
Name: HUNTER, FRANK MR.
Address: 240 - 14TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: ED () Delete
Name: O'HARA, SALLIE MS.
Address: 1965 BEACHWAY ROAD, SUITE 109
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KING, STEPHEN MR.
Address: 1771 RIVER PLANTATION LAND
City-St-Zip: JACKSONVILLE, FL 322230800 US

Title: VP/D (X) Change () Addition
Name: HAZARD, JOHN E MR.
Address: 10033 SAWGRASS DRIVE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 320041398 US

Title: S/D (X) Change () Addition
Name: WATSON, GARY MR.
Address: 2844 CHRISTOPHER CREEK ROAD N.
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: RENDELL, SUSAN MS.
Address: 1965 BEACHWAY ROAD, SUITE 109
City-St-Zip: JACKSONVILLE, FL 32207 US

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: SUSAN RENDELL

ED

04/24/2007

Electronic Signature of Signing Officer or Director

Date