## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42634

FILED Dec 08, 2008 Secretary of State

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

New Principal Place of Business:

**Current Principal Place of Business:** 

1965 BEACHWAY ROAD 3119 SPRING GLEN RD

SUITE 109 SUITE 111

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

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

3119 SPRING GLEN RD 1965 BEACHWAY ROAD

SUITE 109 SUITE 111

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)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TRENT, EDWARD TISE, AMANDA MS 50 N . LAURA STREET 233 É BAY ST. **SUITE 2500** SUITE 720

JACKSONVILLE, FL 32202 US 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.

Address:

SIGNATURE: AMANDA TICE 12/08/2008

> Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1229 FOREST OAKS

P/D (X) Change ( ) Addition () Delete

KING, STEPHEN MR. RAYMOND, BOB MR. Name: Name: 1771 RIVER PLANTATION LAND Address: 5011 DATE PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 322230800 US City-St-Zip: JACKSONVILLE, FL 32256 US

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

HAZARD, JOHN E MR. Name: MORISON, M J MR. Name: Address: 10033 SAWGRASS DRIVE WEST Address: 152 ABACO WAY

City-St-Zip: PONTE VEDRA BEACH, FL 320041398 US City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S/D () Delete Title: S/D (X) Change ( ) Addition

WATSON, GARY MR. Name: BROWARD, LEIGH MR. Name:

Address:

2844 CHRISTOPHER CREEK ROAD N. City-St-Zip: JACKSONVILLE, FL 32217 US City-St-Zip: NEPTUNE BEACH, FL 32266 US

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

330 HWY A1A NORTH SUITE 321 240 - 14TH AVENUE SOUTH Address: Address:

City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

RENDELL, SUSAN MS. KING, STEVE MR Name: Name:

1965 BEACHWAY ROAD, SUITE 109 1771 RIVER PLANTATION LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: MANDARIN, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify 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: M J MORISON VP/D 12/08/2008