

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42634

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

3119 SPRING GLEN RD
SUITE 111
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3119 SPRING GLEN RD
SUITE 111
JACKSONVILLE, FL 32207 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TISE, AMANDA MS
233 E BAY ST.
SUITE 720
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: RAYMOND, BOB MR.
Address: 5011 DATE PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP/D () Delete
Name: MORISON, M J MR.
Address: 152 ABACO WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: S/D () Delete
Name: BROWARD, LEIGH MR.
Address: 1229 FOREST OAKS
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: T/D () Delete
Name: HUNTER, FRANK MR.
Address: 330 HWY A1A NORTH SUITE 321
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D () Delete
Name: KING, STEVE MR
Address: 1771 RIVER PLANTATION LANE
City-St-Zip: MANDARIN, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: RAYMOND, BOB MR.
Address: 5011 GATE PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256 US

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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date