2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42634

FILED Mar 29, 2011 Secretary of State

Date

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

INC

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

3119 SPRING GLEN RD

SUITE 111

JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

3119 SPRING GLEN RD

SUITE 111

JACKSONVILLE, FL 32207 US

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

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

ROLFE, AMANDA C MS 233 E BAY ST. SUITE 720 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

OFFICERS AND DIRECTORS:

Title: P/D

Name: MORRISON, JACK MR. Address: 152 ABACO WAY

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

Title: VP/D

Name: BROWARD, LEIGH MR. Address: 1229 FOREST OAKS

City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: S/D

Name: ROLFE, AMANDA MS.

Address: 233 EAST BAY STREET, SUITE 720 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: T/D

Name: HUNTER, FRANK MR.

Address: 330 HWY A1A NORTH SUITE 321 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title:

Name: RAYMOND, BOBBY MR Address: 380 9TH STREET

City-St-Zip: ATLANTIC BEACH, FL 32233 US

I hereby 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 all other like empowered.

SIGNATURE: M J MORISON PRES 03/29/2011