


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 041 ****61.25

DOCUMENT # N94000005747					
1. Entity Name THE MCCURRY FOUNDATION, INC.					
Principal Place of Business 3161-4 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246 US			Mailing Address 3161 ST JOHNS BLUFF ROAD S #4 JACKSONVILLE, FL 32246 US		
2. Principal Place of Business 11645 Beach Blvd.		3. Mailing Address 11645 Beach Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32246	Country US	Zip 32246	Country US	4. FEI Number 59-3287752	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCCURRY, EDGAR W JR 3161-4 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Pamela S. Stefansen Street Address (P.O. Box Number is Not Acceptable) 11645 Beach Blvd., Suite 200 City Jacksonville FL Zip Code 32246		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCURRY, EDGAR W III 3161-4 ST JOHNS BLUFF ROAD S JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McCurry, Edgar W. III 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOSS, FRANCES M 3161-4 ST JOHNS BLUFF ROAD, S JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Moss, Frances M. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD LINEBERGER, JEAN 3161-4 ST JOHNS BLUFF ROAD S JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mickler, Robert O. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD LANEY, KELLY E 3161-4 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Laney, Kelly E. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POPE, RICHARD J 3161-4 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pope, Richard J. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCURRY, EDGAR W JR 3161-4 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS Stefansen, Pamela S. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 (904) 645-6555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					