

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008545

**FILED**  
**Feb 24, 2013**  
**Secretary of State**  
**CC7358419332**

**Entity Name:** THE CHILDREN'S FOUNDATION OF THE EXCHANGE CLUB OF THE JACKSONVILLE BEACHES, INC.

**Current Principal Place of Business:**

427 3RD ST N  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

427 3RD ST N  
JACKSONVILLE, FL 32250

**FEI Number: 30-0027682**

**Certificate of Status Desired: No**

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

HILLEGASS, WILLIAM G  
427 3RD ST N  
JACKSONVILLE, FL 32250 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TAYLOR, TOM  
Address 605 N 15TH STREET  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title PP  
Name MORRISON, JACK  
Address 152 ABACO WAY  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title S  
Name FRICK, KEN  
Address 13530 MT. PLEASANT RD.  
City-State-Zip: JACKSONVILLE FL 32224

Title T  
Name CHAO, TOM  
Address 2427 PINE ISLAND CT  
City-State-Zip: JACKSONVILLE FL 32224

*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: MORRISON JACK**

**PP**

**02/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date