

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90009 025 ****61.25

| | | | | | |
|---|------------------------|---|--|---|--|
| DOCUMENT # 747440 1. Entity Name FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, INC. | | | | | |
| Principal Place of Business 625 STOCKTON STREET JACKSONVILLE, FL 32207 | | | | Mailing Address 625 STOCKTON STREET JACKSONVILLE, FL 32207 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEIDES, MOSES 817 NORTH MAIN ST JACKSONVILLE, FL 32202 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | STD | | TITLE | | |
| NAME | CROFT, J. P., JR. | | NAME | | |
| STREET ADDRESS | 6851 MCMULLIN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | CITY-ST-ZIP | | |
| TITLE | PD | | TITLE | PD | |
| NAME | WHITE, RANDY | | NAME | ROGER H LEWIS | |
| STREET ADDRESS | 10285 MANORVILLE DRIVE | | STREET ADDRESS | 3120 HERRING RD | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32221 | | CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | | TITLE | | |
| NAME | OSBORNE, LARRY | | NAME | | |
| STREET ADDRESS | 1468 HENDRICKS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: | | | James P. Croft, Jr. | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 4/8/04 | | |
| | | | Daytime Phone #: 904-384-1011 | | |