

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36962

FILED
Apr 27, 2009
Secretary of State

Entity Name: JBP ASSOCIATION, INC.

Current Principal Place of Business:

440 MORRIS ROAD
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

440 MORRIS ROAD
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 58-1895501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM
220 S. CHERRY STREET
MONTICELLO, FL 32344 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: DP () Delete
Name: MILLER, G U
Address: 440 MORRIS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: DV () Delete
Name: PATEL, PRAVINCHANDRA J
Address: ROUTE 13, BOX 1140
City-St-Zip: LAKE CITY, FL 32055

Title: DST () Delete
Name: MILLER, MARIANNE M
Address: 440 MORRIS ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: G. ULMER MILLER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date