

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747440

**FILED
Mar 05, 2015
Secretary of State
CC4155473841**

Entity Name: FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, INC.

Current Principal Place of Business:

625 STOCKTON STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

625 STOCKTON STREET
JACKSONVILLE, FL 32204

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEIDES, MOSES
817 NORTH MAIN ST
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

Date

Officer/Director Detail :

Title STD
Name CROFT, JAMES PJR
Address 6851 MCMULLIN STREET
City-State-Zip: JACKSONVILLE FL 32210

Title PD
Name WYSE, RANDALL W
Address 1450 CRYSTAL SANDS DR
City-State-Zip: JACKSONVILLE FL 32226

Title D
Name OSBORNE, LARRY
Address 8743 RICARDO LA
City-State-Zip: JACKSONVILLE FL 32216

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: JAMES P. CROFT, JR.

SECRETARY-TREASURER 03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date