

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747440

**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:**

MEIDE, 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:** MOSES MEIDE

01/31/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            STD  
Name            BALDWIN, CHARLES L  
Address        625 STOCKTON ST  
City-State-Zip: JACKSONVILLE FL 32204

Title            PD  
Name            WYSE, RANDALL W  
Address        625 STOCKTON ST.  
City-State-Zip: JACKSONVILLE FL 32204

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:** CHARLES L BALDWIN

STD

01/31/2021

Electronic Signature of Signing Officer/Director Detail

Date