

**FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 747440

**Entity Name:** FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, INC.

**Secretary of State  
CC4932270736**

**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:** \_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

Date