JACKSONVILLE, FL 32204				
Current Mailing Address:				
	TON STREET LLE, 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
SIGNATURE	Electronic Signature of Registered Agent			01/31/2021 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	PD	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	PD WYSE, RANDALL W	
Officer/Dire Title	Electronic Signature of Registered Agent ctor Detail : STD			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : STD BALDWIN, CHARLES L	Name	WYSE, RANDALL W 625 STOCKTON ST.	
Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : STD BALDWIN, CHARLES L 625 STOCKTON ST	Name Address	WYSE, RANDALL W 625 STOCKTON ST.	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : STD BALDWIN, CHARLES L 625 STOCKTON ST JACKSONVILLE FL 32204	Name Address	WYSE, RANDALL W 625 STOCKTON ST.	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : STD BALDWIN, CHARLES L 625 STOCKTON ST JACKSONVILLE FL 32204 D	Name Address	WYSE, RANDALL W 625 STOCKTON ST.	

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.

STD

SIGNATURE: CHARLES L BALDWIN

Electronic Signature of Signing Officer/Director Detail

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

FILED Jan 31, 2021 **Secretary of State** 4791201538CC

01/31/2021

Date