

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 730447

1. Entity Name
**RETIRED EMPLOYEES OF THE CONSOLIDATED CITY
OF JACKSONVILLE, INC.**



Principal Place of Business
**CITY & POLICE CREDIT UNION
4830 WALLER ST.
JACKSONVILLE, FL 32254 US**

Mailing Address
**RETIRED EMPLOYEES ASSOC.
PO BOX 37472
JACKSONVILLE, FL 32236-7472 US**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7412355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WELCH, THOMAS
11718 FRANCIS DRAKE DR
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000795625
01/28/08-80054-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUMPKIN, THOMAS 4642 CONFEDERATE OAKS DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, HENRY 13819 HOLAND PARK DR JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARP CAULKINS, SHEILA 11450 ELAINE DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, JOANN 3485 LULLWATER LANE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOONEY, GARY 6333 ORTEGA FARMS BLVD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Cook

1/17/2008 (904)854-0777

Date

Daytime Phone #