2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730447

Mar 31, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

CITY & POLICE CREDIT UNION 4830 WALLER ST. JACKSONVILLE, FL 32254

Current Mailing Address: New Mailing Address:

RETIRED EMPLOYEES ASSOC. PO BOX 37472 JACKSONVILLE, FL 322367472 US

FEI Number: 23-7412355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

LUMPKIN, THOMAS LOONEY, GARY L Name: Name: 4642 CONFEDERATE OAKS DR Address: 6333 ORTEGA FARMS BLVD Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32244

Title: PD Title: (X) Change () Addition () Delete

COOK, HENRY Name: SHARP CAULKINS, SHEILA Name: Address: 13819 HOLAND PARK DR Address: 11450 ELAINE DR

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete Title: SD (X) Change () Addition SHARP CAULKINS, SHEILA CARTER, JOANN Name: Name:

Address: 11450 ELAINE DR Address: 3485 LULLWATER LANE City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: ORANGE PARK, FL 32065

(X) Change () Addition Title: VD () Delete Title: VD Name: CARTER, JOANN Name: LUMPKIN, THOMAS 3485 LULLWATER LANE Address: Address: 4642 CONFEDERATE OAKS DR

City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: JACKSONVILLE, FL 32210 Title: VD () Delete Title: (X) Change () Addition

LOONEY, GARY THOMPSON, LARRY E Name: Name: 6333 ORTEGA FARMS BLVD 3036 MAGNOLIA RD Address: Address: ORANGE PARK, FL 32065 City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA SHARP CAULKINS **PRES** 03/31/2009