2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2010
Secretary of State

DOCUMENT# 730447

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD
Name: LOONEY, GARY L
Address: 6333 ORTEGA FARMS BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: PD
Name: SHARP CAULKINS, SHEILA
Address: 11450 ELAINE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD
Name: ANDERS, MARY A
Address: 54222 ROY BOOTH ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: VD
Name: LUMPKIN, THOMAS
Address: 4642 CONFEDERATE OAKS DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD
Name: DAVID, JR, WILLIAM K
Address: 5115 OTTER CREEK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: SHEILA SHARP CAULKINS PRES 01/27/2010

Electronic Signature of Signing Officer or Director Date