

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749309

FILED
Jul 22, 2007
Secretary of State

Entity Name: THE JACKSONVILLE BROTHERHOOD OF POLICE OFFICERS, INC.

Current Principal Place of Business:

1448 N. LIBERTY ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41583
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-2893380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUBA, NELSON D
5530 BEACH BLVD.
JACKSONVILLE, FL 32207 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: SEC. () Delete
Name: CUBA, NELSON D
Address: 5530 BEACH BLVD.
City-St-Zip: JAX, FL 32207

Title: PRES () Delete
Name: BURTON, GREG
Address: 1000 BROWARD RD. #404
City-St-Zip: JAX, FL 32218

Title: 1VP () Delete
Name: DIXON, JUANITA J
Address: 5336 QUAN DR.
City-St-Zip: JACKSONVILLE, FL 32205

Title: 2VP () Delete
Name: MCCALL, CLARENCE M
Address: 1402 HARRISON CT.
City-St-Zip: JACKSONVILLE, FL 32208

Title: 3VP () Delete
Name: WATKINS, MARVA
Address: 6670 KINLOCKE DR.
City-St-Zip: JACKSONVILLE, FL 32219

Title: TREA () Delete
Name: LOTT, REGINALD L
Address: 5235 ANGEL LAKE DR.
City-St-Zip: JAX, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: NELSON D. CUBA

SEC

07/22/2007

Electronic Signature of Signing Officer or Director

Date