


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 028 ****61.25

DOCUMENT # 749309 1. Entity Name THE JACKSONVILLE BROTHERHOOD OF POLICE OFFICERS, INC.					
Principal Place of Business 1448 N. LIBERTY ST. JACKSONVILLE, FL 32206 US			Mailing Address P.O. BOX 41583 JACKSONVILLE, FL 32203 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2893380	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUBA, NELSON D 5530 BEACH BLVD. JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name MARTA S. CRESPO Street Address (P.O. Box Number is Not Acceptable) 10246 WELLHOUSE CT. City JACKSONVILLE, FL 32220		
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 Marta S. Crespo - SECRETARY DATE 04.24.08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CUBA, NELSON D 5530 BEACH BLVD. JAX, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARTA S. CRESPO 10246 WELLHOUSE CT. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BURTON, GREG 1000 BROWARD RD. #404 JAX, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUANITA S. DIXON-EDWARDS 8725 HOT SPRINGS DR. N. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DIXON, JUANITA J 5336 QUAN DR. JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE-PRESIDENT MARVA Y. WATKINS 2641 COUNTRY CLUB BLVD. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MCCALL, CLARENCE M 1402 HARRISON CT. JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE-PRESIDENT RICHARD G. HENOLEA 2032 SAMONTEE RD. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP WATKINS, MARVA 6670 KINLOCKE DR. JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RD VICE-PRESIDENT EVANDER COLLIER II 408 LABARRE COURT JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LOTT, REGINALD L 5235 ANGEL LAKE DR. JAX, FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32248
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: Marta S. Crespo - SECRETARY DATE 04.24.08 DAYTIME PHONE # 334.5057 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					