2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 749309

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:

P.O. BOX 40693
JACKSONVILLE, FL 32203 US

FEI Number: 59-2893380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRESPO, MARTA J
10246 WELLHOUSE CT.
JACKSONVILLE, FL 32220 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: S ( ) Delete
Name: CRESPO, MARTA
Address: 10246 WELLHOUSE CT.
City-St-Zip: JACKSONVILLE, FL 32220

Title: PRES ( ) Delete
Name: EDWARDS-DIXON, JUANITA J
Address: 8225 HOT SPRINGS DR. N
City-St-Zip: JACKSONVILLE, FL 32244

Title: 1VP ( ) Delete
Name: WATKINS, MARVA Y
Address: 2641 COUNTRY CLUB BLVD.
City-St-Zip: ORANGE PARK, FL 32073

Title: 2VP ( ) Delete
Name: HENDLEY, RICHARD G
Address: 2032 SAMONTEE RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: 3VP ( ) Delete
Name: COLYER, IV, EVANDER
Address: 408 LABARRE CT
City-St-Zip: JACKSONVILLE, FL 32258

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECR (X) Change ( ) Addition
Name: CRESPO, MARTA J SECRET
Address: 10246 WELLHOUSE CT.
City-St-Zip: JACKSONVILLE, FL 32220

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: MARTA J. CRESPO SECR 04/07/2009

Electronic Signature of Signing Officer or Director — Date