

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000948

1. Entity Name

JACKSONVILLE POLICE DEATH BENEFIT FUND, INC.

Principal Place of Business

1639 BEACH BLVD.
JACKSONVILLE BEACH FL 32250

Mailing Address

PO BOX 49176
JACKSONVILLE BEACH FL 32240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASSEY, MIKE
1639 BEACH BLVD.
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

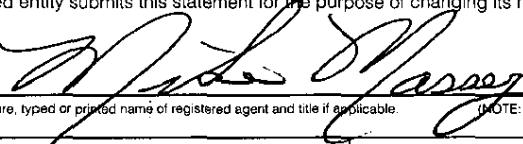
City

FL

Zip Code

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COFFEY, EDWARD B
501 EAST BAY STREET
JACKSONVILLE FL 32202

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PRICIPE, A. DAN
501 EAST BAY STREET
JACKSONVILLE FL 32202

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCLEOD, R. SCOTT
501 EAST BAY STREET
JACKSONVILLE FL 32202

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MIKE MASSEY
1639 BEACH BLVD
JAX. Bch. FL 32250
(EXTRAESQER)

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D (VICE CHAIRMAN)
JEROME SPATES
501 EAST BAY ST.
JAX. FL 32202

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DONNA J. BOYMER
501 E. BAY STREET
JAX. FL 32202

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRMAN
MCLEOD, R. SCOTT
501 E. BAY ST.
JAX. FL 32202

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EXECUTIVE TREASURER
MIKE MASSEY
1639 BEACH BLVD.
JAX. Bch. FL 32250

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02 904-349-3664
Daytime Phone #

0050475

CR2E037 (9/01)