

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

Country

Zip

Country

04292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6139331**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

"**MASSEY, MIKE**" Hugh Michael  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: SPATES, JEROME  
STREET ADDRESS: 501 EAST BAY STREET  
CITY-ST-ZIP: JACKSONVILLE, FL 32202

Delete

TITLE: D  
NAME: BOYMER, DONNA J  
STREET ADDRESS: 501 EAST BAY STREET  
CITY-ST-ZIP: JACKSONVILLE, FL 32202

Delete

TITLE: C  
NAME: MCLEOD, R. SCOTT  
STREET ADDRESS: 501 EAST BAY STREET  
CITY-ST-ZIP: JACKSONVILLE, FL 32202

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TITLE: T HUGH MICHAEL  
NAME: MASSEY  
STREET ADDRESS: 1639 BEACH BLVD  
CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 904-349-3664  
Date Daytime Phone #