

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000948

FILED
Jan 06, 2009
Secretary of State

Entity Name: JACKSONVILLE POLICE DEATH BENEFIT FUND, INC.

Current Principal Place of Business:

1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

104 SEAGRAPE DRIVE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

PO BOX 49176
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-6139331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, HUGH MICHAEL
1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MASSEY, HUGH MICHAEL
104 SEAGRAPE DRIVE
JACKSONVILLE BEACH, FL 32250 US

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:

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOYMER, DONNA J
Address: 501 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: C () Delete
Name: MCLEOD, R. SCOTT
Address: 501 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: MASSEY, HUGH MICHAEL
Address: 1639 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BM (X) Change () Addition
Name: BOYMER, DONNA J
Address: 501 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: BM (X) Change () Addition
Name: MCLEOD, R. SCOTT
Address: 12060 WREN HOLLOW COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change () Addition
Name: MASSEY, HUGH MICHAEL
Address: 104 SEAGRAPE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Change (X) Addition
Name: STRICKLAND, GREG
Address: 2748 TREEMONT STREET
City-St-Zip: JACKSONVILLE, FL 32207

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: HUGH MICHAEL MASSEY

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01/06/2009

Electronic Signature of Signing Officer or Director

Date