2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N01000001517

Entity Name: INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO LOCAL 1408, INC.

Current Principal Place of Business:

2040 E 21 ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3795
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-0250967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ROMIA FIN SEC
2040 E 21 ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

JOHNSON, ROMIA PRES.
2040 E 21 ST
JACKSONVILLE, FL 32206 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: ROMIA JOHNSON 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAMERON, VINCENT PRES.
Address: 2040 E 21 ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: DV ( ) Delete
Name: GARDNER, NATHANIEL V-PRES.
Address: 2040 E 21 ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: DST ( ) Delete
Name: JOHNSON, ROMIA SECY
Address: 2040 E 21 ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JOHNSON, ROMIA PRES.
Address: 2040 E 21 ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: MCCRAY, GARY SECY
Address: 2040 E 21 ST
City-St-Zip: JACKSONVILLE, FL 32206

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: ROMIA JOHNSON PRES 04/14/2009
Electronic Signature of Signing Officer or Director Date