

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003307

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** THE JACKSONVILLE FRATERNAL ORDER OF POLICE FOUNDATION, INC.

**Current Principal Place of Business:**

5530 BEACH BLVD.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

5530 BEACH BLVD.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 20-0821341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELEGAL, T.A. III  
424 E. MONROE ST.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

DARAGJATI, PAUL A  
5530 BEACH BLVD  
JACKSONVILLE, FL 32207 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: PAUL A DARAGJATI

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CUBA, NELSON D  
Address: 5530 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: PALMER, KENNETH W  
Address: 5530 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete  
Name: HOLLEY, JOEL R JR.  
Address: 1725 ART MUSEUM DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: BARCO, KATHY  
Address: 7587 WILSON BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete  
Name: HIGHTOWER, MIKE  
Address: 4800 DEERWOOD CAMPUS PKWY.  
City-St-Zip: JACKSONVILLE, FL 322468273

Title: TD (X) Delete  
Name: KILCREASE, DAVID  
Address: 5530 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: KILCREASE, DAVID E  
Address: 5530 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: ROBBIE, FREITAS R  
Address: 5530 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

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: NELSON D CUBA

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date