2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003307

FILED Jan 11, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5530 BEACH BLVD. JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 5530 BEACH BLVD. JACKSONVILLE, FL 32207 FEI Number: 20-0821341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CUBA, NELSON D Name: CUBA, NELSON D Name: 5530 BEACH BLVD. Address: 5530 BEACH BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change () Addition PALMER, KENNETH W Name: Name: Address: 5530 BEACH BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: () Delete Title: TREA (X) Change () Addition KILCREASE, DAVID E KILCREASE, DAVID E Name: Name: 5530 BEACH BLVD Address: Address: 5530 BEACH BLVD City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: (X) Change () Addition Name: ROBBIE, FREITAS R Name: FREITAS, ROBBIE R 5530 BEACH BLVD Address: 5530 BEACH BLVD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: () Change (X) Addition REID, RAY Name: Name: ONE INDEPENDENT DR. SUITE 1900 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change (X) Addition LEWIS, ROGER Name: Name: Address: Address: 5530 BEACH BLVD. JACKSONVILLE, FL 32207 City-St-Zip: 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 PRES 01/11/2008