

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 19, 2009
Secretary of State

DOCUMENT# N02000003307

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:**DARAGJATI, PAUL A
5530 BEACH BLVD
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**

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:

Title: PRES () 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: TREA () Delete
Name: KILCREASE, DAVID E
Address: 5530 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: FREITAS, ROBBIE R
Address: 5530 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: REID, RAY
Address: ONE INDEPENDENT DR. SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LEWIS, ROGER
Address: 5530 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUBA, NELSON D
Address: 5530 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: PALMER, KENNETH W
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:

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 CUBA

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date