

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003375

FILED
May 01, 2007
Secretary of State

Entity Name: THE NORTH EAST FLORIDA CHAPTER OF CONCERNS OF POLICE SURVIVORS, 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: 59-3526441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHINHOLSER, CHARLES
8827 MARLEE RD.
JACKSONVILLE, FL 32222 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: VD () Delete
Name: GRIFFIS, CLIFTON
Address: RT. 3, BOX 1604
City-St-Zip: STARKE, FL 320919369

Title: D () Delete
Name: SHINHOLSER, CHARLES R
Address: 8827 MARLEE RD.
City-St-Zip: JACKSONVILLE, FL 32222

Title: PD () Delete
Name: LAMPE, JANIS B
Address: 10548 FT. GEORGE RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD () Delete
Name: FLORENCE, MARY C
Address: 2368 COVINGTON CREEK CIR EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: COTCHALEOVITCH, ROBIN
Address: 767 WAKEMONT DRIVE
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CLARK, KIRK P
Address: 2370 BLOSSOM RIDGE DRIVE N
City-St-Zip: JACKSONVILLE, FL 322183368

Title: D (X) Change () Addition
Name: SHINHOLSER, CHARLES R
Address: 8827 MARLEE RD.
City-St-Zip: JACKSONVILLE, FL 322221615

Title: TD (X) Change () Addition
Name: LAMPE, JANIS B
Address: 10548 FT. GEORGE RD.
City-St-Zip: JACKSONVILLE, FL 322262442

Title: SD (X) Change () Addition
Name: BLYLER, JEAN C
Address: PO BOX 28713
City-St-Zip: JACKSONVILLE, FL 322268713

Title: PD (X) Change () Addition
Name: NEWTON, DEBRA
Address: 325 LOLLY LANE
City-St-Zip: JACKSONVILLE, FL 322594362

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: JANIS B. LAMPE

TD

05/01/2007

Electronic Signature of Signing Officer or Director

Date