## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003375

Apr 17, 2008 Secretary of State

Entity Name: THE NORTH EAST FLORIDA CHAPTER OF CONCERNS OF POLICE SURVIVORS, INC.

**Current Principal Place of Business:** New Principal Place of Business:

5530 BEACH BLVD. 5530 BEACH BLVD.

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 322075161

**Current Mailing Address: New Mailing Address:** 

5530 BEACH BLVD. 5530 BEACH BLVD.

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 322075161

FEI Number: 59-3526441 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:

SHINHOLSER, CHARLES SHINHOLSER, CHARLES 8827 MARLEE RD. 8827 MARLEE RD.

JACKSONVILLE, FL 32222 JACKSONVILLE, FL 322221615 US 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: 04/17/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

CLARK, KIRK P CLARK, KIRK P VPD Name: Name: 2370 BLOSSOM RIDGE DRIVE N Address: 2370 BLOSSOM RIDGE DRIVE N Address: City-St-Zip: JACKSONVILLE, FL 322183368 City-St-Zip: JACKSONVILLE, FL 322183368

Title: Title: (X) Change ( ) Addition ( ) Delete SHINHOLSER, CHARLES R Name: SHINHOLSER, CHARLES R EX DIR Name:

Address: 8827 MARLEE RD. Address: 8827 MARLEE RD. JACKSONVILLE, FL 322221615 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 322221615

TD

Title: () Delete Title: (X) Change ( ) Addition LAMPE, JANIS B LAMPE, JANIS B TD Name: Name:

10548 FT. GEORGE RD. Address: Address: 10548 FT. GEORGE RD. City-St-Zip: JACKSONVILLE, FL 322262442 City-St-Zip: JACKSONVILLE, FL 322262442

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: BLYLER, JEAN C Name: FLORENCE, MARY C SD 2368 COVINGTON CREEK CE Address: PO BOX 28713 Address: City-St-Zip: JACKSONVILLE, FL 322268713 City-St-Zip: JACKSONVILLE, FL 322241172

Title: () Delete Title: (X) Change ( ) Addition

NEWTON, DEBRA STEWART, VICKY PD Name: Name:

325 LOLLY LANE 13071 WEXFORD HOLLOW RD N Address: Address: City-St-Zip: JACKSONVILLE, FL 322594362 City-St-Zip: JACKSONVILLE, FL 322249626

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 04/17/2008