

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003375

FILED  
Apr 20, 2009  
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 322075161

**New Principal Place of Business:**

**Current Mailing Address:**

5530 BEACH BLVD.  
JACKSONVILLE, FL 322075161

**New Mailing Address:**

**FEI Number:** 59-3526441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHINHOLSER, CHARLES  
8827 MARLEE RD.  
JACKSONVILLE, FL 322221615 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: CLARK, KIRK P VPD  
Address: 2370 BLOSSOM RIDGE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 322183368

Title: D ( ) Delete  
Name: SHINHOLSER, CHARLES R EX DIR  
Address: 8827 MARLEE RD.  
City-St-Zip: JACKSONVILLE, FL 322221615

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

Title: SD ( ) Delete  
Name: FLORENCE, MARY C SD  
Address: 2368 COVINGTON CREEK CE  
City-St-Zip: JACKSONVILLE, FL 322241172

Title: PD ( ) Delete  
Name: STEWART, VICKY PD  
Address: 13071 WEXFORD HOLLOW RD N  
City-St-Zip: JACKSONVILLE, FL 322249626

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

Title: VD (X) Change ( ) Addition  
Name: CLARK, KIRK P VPD  
Address: 5236 CATTLE CROSSING WAY  
City-St-Zip: JACKSONVILLE, FL 322264758

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: JANIS B LAMPE

TD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date