

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003375

FILED
Apr 19, 2011
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: PD
Name: CLARK, KIRK P PD
Address: 5236 CATTLE CROSSING WAY
City-St-Zip: JACKSONVILLE, FL 322264758

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

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

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

Title: VPD
Name: BLYLER, JOHNNY VPD
Address: P.O. BOX 28713
City-St-Zip: JACKSONVILLE, FL 322268713

I hereby 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 all other like empowered.

SIGNATURE: JANIS B LAMPE

TREA

04/19/2011

Electronic Signature of Signing Officer or Director

Date