

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004154

FILED
Feb 26, 2007
Secretary of State

Entity Name: JACKSONVILLE ASSOCIATION OF FIREFIGHTERS, IAFF LOCAL NO. 122, INC.

Current Principal Place of Business:

625 STOCKTON ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

625 STOCKTON ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-1296487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, ROGER H
625 STOCKTON ST
JACKSONVILLE, FL 32204 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: DP () Delete
Name: LEWIS, ROGER H
Address: 625 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: DST () Delete
Name: CROFT, JAMES P
Address: 625 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: CROFT, JAMES P JR
Address: 625 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P CROFT JR

DST

02/26/2007

Electronic Signature of Signing Officer or Director

Date