

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006204

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** THE JAMES AND EMMA BLUE FAMILY REUNION, INC.

**Current Principal Place of Business:**

121 SW 13TH STREET  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

121 SW 13TH STREET  
CAPE CORAL, FL 33991

**New Mailing Address:**

POST OFFICE BOX 150501  
CAPE CORAL, FL 33915

**FEI Number:** 20-1348713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALBERT, SPENCER  
701 WASCO COURT  
BRANDON, FL 33511 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:** P  
**Name:** ALBERT, EUGENE MR.  
**Address:** 95101 ALBERT WAY  
**City-St-Zip:** FERNANDINA BEACH, FL 32034 US

**Title:** VP  
**Name:** GOWEN, JR., JAMES MR  
**Address:** 16604 TURTLE POINT ROAD  
**City-St-Zip:** CHARLOTTE, NC 28278 US

**Title:** T  
**Name:** CHANEY, LEOLA M MRS  
**Address:** 121 SW 13TH ST  
**City-St-Zip:** CAPE CORAL, FL 33991 US

**Title:** S  
**Name:** MEADOWS, JACQUELYN MS.  
**Address:** 3009 ERNEST STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

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:** LEOLA M. CHANEY

T

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date