2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N06000001403

Entity Name: JACKSONVILLE BEACH CITIZENS POLICE ACADEMY ALUMNI CORP

Current Principal Place of Business:

101 S. PENMAN RD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

101 S. PENMAN RD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3642555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCAFEE, FRANK
101 S. PENMAN ROAD
JACKSONVILLE BEACH, FL 32250 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: PRES ( ) Delete
Name: MCAFEE, FRANK
Address: 101 S. PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR ( ) Delete
Name: BINGHAM, SUSAN C
Address: 101 S PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete
Name: WARREN, CARTER
Address: 101 S PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR ( ) Delete
Name: WARREN, MARGARET
Address: 101 S PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR ( ) Delete
Name: MEADUS, BOB
Address: 101 S PENMAN RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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: FRANK MCAFEE PRES 01/09/2007

Electronic Signature of Signing Officer or Director — Date