

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 009 ****61.25

DOCUMENT # N06000001403

1. Entity Name
**JACKSONVILLE BEACH CITIZENS POLICE ACADEMY
ALUMNI CORP**



Principal Place of Business
**101 S. PENMAN RD
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**101 S. PENMAN RD
JACKSONVILLE BEACH, FL 32250**

40066494



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3642555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCAFFEE, FRANK
101 S. PENMAN ROAD
JACKSONVILLE BEACH, FL 32250**

Name **LEE DORSON**

Street Address (P.O. Box Number is Not Acceptable)

101 S. PENMAN ROAD

JACKSONVILLE BEACH FL 32250

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank McAfee

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-3-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
MCAFFEE, FRANK
101 S. PENMAN RD
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
LEE DORSON
101 S PENMAN RD
JACKSONVILLE BEACH FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
BINGHAM, SUSAN C
101 S PENMAN RD
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SARAH ANTHONY DIR
101 S PENMAN ROAD
JACKSONVILLE BEACH FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WARREN, CARTER
101 S PENMAN RD
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
BILL OSTROWSKI
101 S PENMAN ROAD
JACKSONVILLE BEACH FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
WARREN, MARGARET
101 S PENMAN RD
JACKSONVILLE BEACH, FL 32250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
MEADUS, BOB
101 S PENMAN RD
JACKSONVILLE BEACH, FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
BILL LASSITER
101 S DENMAN ROAD
JACKSONVILLE BEACH FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah Anthony
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH ANTHONY

3-3-2008

Date

Daytime Phone #

904-

553-8811