

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90042 019 ****70.00



DOCUMENT # N06000001925
 1. Entity Name
JBC ALUMNI ASSOCIATION, INC.

Principal Place of Business
**9682 NW 45TH STREET
 SUNRISE, FL 33351**

Mailing Address
**9682 NW 45TH STREET
 SUNRISE, FL 33351**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

02112007 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2198063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**ORR, DUDLEY B
 9682 NW 45TH STREET
 SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMPSON, JUNIOR	
STREET ADDRESS	1463 ELM STREET	
CITY-ST-ZIP	PEEKSKILL, NY 10566	
TITLE	V	<input type="checkbox"/> Delete
NAME	ASHMAN, HARRY	
STREET ADDRESS	329 SHERMAN STREET	
CITY-ST-ZIP	PASSAIC, NJ 07055	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATTRIDE, CLAUDETTE	
STREET ADDRESS	1221 CAMBRIDGE STREET APT 806	
CITY-ST-ZIP	CAMBRIDGE, MA 02139	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORR, DUDLEY B	
STREET ADDRESS	NW 45TH STREET	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	RANKINE, OWEN	
STREET ADDRESS	1626 N WILCOX AVE #140	
CITY-ST-ZIP	HOLLYWOOD, CA 90028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dudley B. Orr 2/11/2007 (954)741-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #