


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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 41-2198063	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ORR, DUDLEY B 9682 NW 45TH STREET SUNRISE, FL 33351			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, JUNIOR		NAME		
STREET ADDRESS	1463 ELM STREET		STREET ADDRESS		
CITY-ST-ZIP	PEEKSKILL, NY 10566		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ASHMAN, HARRY		NAME		
STREET ADDRESS	329 SHERMAN STREET		STREET ADDRESS		
CITY-ST-ZIP	PASSAIC, NJ 07055		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATTRIDE, CLAUDETTE		NAME		
STREET ADDRESS	1221 CAMBRIDGE STREET APT 806		STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE, MA 02139		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORR, DUDLEY B		NAME		
STREET ADDRESS	NW 45TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANKINE, OWEN		NAME		
STREET ADDRESS	1626 N WILCOX AVE #140		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, CA 90028		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Dudley B. Orr</i>		Date: <i>2/11/2007</i>		Daytime Phone #: <i>(954)741-8842</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	