


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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

000000234185
 04/17/08-20093-022 70.00

10. OFFICERS AND DIRECTORS

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

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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* **4.1.08** **(954) 741-8842**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #