

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001925

FILED
Mar 28, 2009
Secretary of State

Entity Name: JBC ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

9682 NW 45TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9682 NW 45TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 41-2198063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, DUDLEY B
9682 NW 45TH STREET
SUNRISE, FL 33351 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: P () Delete
Name: SIMPSON, JUNIOR
Address: 1463 ELM STREET
City-St-Zip: PEEKSKILL, NY 10566

Title: V () Delete
Name: ASHMAN, HARRY
Address: 329 SHERMAN STREET
City-St-Zip: PASSAIC, NJ 07055

Title: S () Delete
Name: ATTRIDE, CLAUDETTE
Address: 1221 CAMBRIDGE STREET APT 806
City-St-Zip: CAMBRIDGE, MA 02139

Title: T () Delete
Name: ORR, DUDLEY B
Address: NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: 2VP () Delete
Name: RANKINE, OWEN
Address: 1626 N WILCOX AVE #140
City-St-Zip: HOLLYWOOD, CA 90028

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 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: DUDLEY B. ORR

T

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date