

# 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