

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001758

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** FBI JACKSONVILLE CITIZENS' ACADEMY ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

7820 ARLINGTON EXPRESSWAY, SUITE #200  
JACKSONVILLE, FL 322117499

**New Principal Place of Business:**

6061 GATE PARKWAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7820 ARLINGTON EXPRESSWAY, SUITE #200  
JACKSONVILLE, FL 322117499

**New Mailing Address:**

6061 GATE PARKWAY  
JACKSONVILLE, FL 32256

**FEI Number:** 26-3741809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLETT, INGRAM  
8933 EASTON RIVER DR.  
JACKSONVILLE, FL 32257 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: COLLETT, INGRAM  
Address: 8933 EASTON RIVER DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete  
Name: IODICE, ARGENT  
Address: 12117 HONEY CREEK COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T ( ) Delete  
Name: POWELL, CHARLOTTE  
Address: 1945 WEST 25TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: S ( ) Change (X) Addition  
Name: CARDEN, BARBARA  
Address: 2388 OLD PINE TRAIL  
City-St-Zip: ORANGE PARK, FL 32003

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: BARBARA CARDEN

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date