

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 044 ****61.25

DOCUMENT # N24387					
1. Entity Name JACKSONVILLE INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREE'S INC.					
Principal Place of Business EASTSIDE COMMUNITY JACKSONVILLE, FL 32206 US			Mailing Address 1050 FRANKLIN STREET JACKSONVILLE, FL 32206 US		
2. Principal Place of Business		3. Mailing Address 7819 Mattox Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Jacksonville, FL		4. FEI Number 59-2910138	
Zip		32219		Country USA	
6. Name and Address of Current Registered Agent GRIFFIN, LEVI 1050 FRANKLIN ST JACKSONVILLE, FL 32206				7. Name and Address of New Registered Agent Name: Perty E. Gibson Street Address (P.O. Box Number is Not Acceptable): 7819 Mattox Ave. City: Jacksonville, FL Zip Code: 32219	
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: <u>Perty E. Gibson</u> DATE: <u>April 27, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD	NAME GRIFFIN, LEVI	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS JAPONICA RD N	JACKSONVILLE, FL 32209		STREET ADDRESS 7819 Mattox Ave	Jacksonville, FL 32219	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE DVP	NAME ATWATER, LEONARD	<input checked="" type="checkbox"/> Delete	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4954 RHODE ISLAND N	JACKSONVILLE, FL 32209		STREET ADDRESS 11412 Jerry Adams Dr.	Jacksonville, FL 32218	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE FSD	NAME GIBSON, PERTY E	<input checked="" type="checkbox"/> Delete	TITLE Financial Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7819 MATTOX AVE	JAX, FL 32219		STREET ADDRESS 1787 E. 26th St.	Jacksonville, FL 32206	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Julius Mathis Jr.</u>			DATE: <u>April 27, 2006</u> DAYTIME PHONE: <u>904.353.0783</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					