

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24387

FILED
Jul 15, 2009
Secretary of State

Entity Name: JACKSONVILLE INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREE'S INC.

Current Principal Place of Business:

EASTSIDE COMMUNITY
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

7819 MATTOX AVE
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-2910138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIBSON, PERTY E
7819 MATTOX AVE
JACKSONVILLE, FL 32219 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: GIBSON, PERTY E
Address: 7819 MATTOX AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Delete
Name: FIELDS, PAUL SR
Address: 11412 JERRY ADAMS DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: FS () Delete
Name: MATHIS, JULIUS JR
Address: 1787 EAST 26TH ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WHITE, SAM
Address: 1710 OAKHURST AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: FS (X) Change () Addition
Name: CUMMING, JOSEPH M
Address: 6309 JAMMES ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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: PERTY GIBSON

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date