


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45226</b> 1. Entity Name <b>JACKSONVILLE BEACH PATROL ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P O BOX 50954 JACKSONVILLE BEACH, FL 32240-0954 US</b>	Mailing Address <b>P O BOX 50954 JACKSONVILLE BEACH, FL 32240-0954 US</b>
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3088971</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HUTTO, M C 1628 THIRD AVE NORTH JACKSONVILLE BEACH, FL 32250</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WATSON, RONALD R. RT. 1 BOX 577 MT. CLARE, WV 26408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATSON, JANIE RT. 1 BOX 577 MT. CLARE, WV 26408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HUTTO, M.C. 1628 THIRD AVE N. JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/07-80045-003 61.25

**DO NOT WRITE  
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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:** M.C. Hutto M.C. Hutto 1-9-07 904-241-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #