

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90059 032 ****61.25

DOCUMENT # N45226

1. Entity Name
JACKSONVILLE BEACH PATROL ASSOCIATION, INC.



Principal Place of Business
**P O BOX 50954
JACKSONVILLE BEACH, FL 32240-0954 US**

Mailing Address
**P O BOX 50954
JACKSONVILLE BEACH, FL 32240-0954 US**

40001433



DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3088971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUTTO, M C
1628 THIRD AVE NORTH
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WATSON, RONALD R.
STREET ADDRESS	RT. 1 BOX 577
CITY-ST-ZIP	MT. CLARE, WV 26408
TITLE	D
NAME	WATSON, JANIE
STREET ADDRESS	RT. 1 BOX 577
CITY-ST-ZIP	MT. CLARE, WV 26408
TITLE	STD
NAME	HUTTO, M.C.
STREET ADDRESS	1628 THIRD AVE N.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08

904-244-1565