

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000052

**Entity Name:** JACKSONVILLE SEMPER FIDELIS SOCIETY, INC.**Current Principal Place of Business:**4942 WILD HERON WAY  
JACKSONVILLE, FL 32225**Current Mailing Address:**PO BOX 28188  
JACKSONVILLE, FL 32226 US**FEI Number: 59-3690146****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADELHELM, ROBERT P  
4942 WILD HERON WAY  
JACKSONVILLE, FL 32225 US*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:** ROBERT ADELHELM

02/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCLAUGHLIN, PAUL  
Address 735 SELVA LAKES CIR  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name MAURER, KLAUS  
Address 5479 HIDDEN RIDGE DR  
City-State-Zip: JACKSONVILLE FL 32257

Title TREASURER, DIRECTOR  
Name ADELHELM, ROBERT P  
Address 4942 WILD HERON WAY  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name MORELAND, HENRY  
Address 2360 LAKE SHORE BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY, DIRECTOR  
Name HURD, GEORGE D  
Address 9071 BARNSTAPLE LN  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name CARSON, SUZANNE  
Address 8501 JULIA MARIE CIRLE  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT ADELHELM

TREASURER

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date