

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765095

FILED
Apr 15, 2009
Secretary of State

Entity Name: POLICE RESERVE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

3348 NORTHBROOKE LANE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3348 NORTHBROOKE LANE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2761105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIPLEY, JOHN A
3348 NORTHBROOKE LANE
TALLAHASSEE, FL 32309 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: PD () Delete
Name: CHIPLEY, JOHN A
Address: 3348 NORTHBROOKE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: PIRSON, DONALD S
Address: 3066 TEMPLE LANE N.
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: MILTON, JONATHAN W
Address: 3808 S.E. LOWER ST.
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: HALL, FRED
Address: 125 MCIVER LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOHN A. CHIPLEY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date