2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001465

FILED Apr 29, 2008 Secretary of State

Entity Name: FBI TAMPA BAY CITIZENS' ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 716 W FLETCHER AVE 18560 N. DALE MABRY HIGHWAY TAMPA, FL 33612 LUTZ, FL 33548 **Current Mailing Address: New Mailing Address:** P O BOX 17704 TAMPA, FL 336827704 FEI Number: 46-3880436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTER, J. MEREDITH 18560 NORTH DALE MABRY HIGHWAY LUTZ, FL 33548 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition VIVERO, JOSE PLATT, JAN Name: Name: Address: P.O. BOX 17704 Address: 3531 VILLAGE WAY City-St-Zip: TAMPA, FL 33682 US City-St-Zip: TAMPA, FL 33629 US Title: () Delete Title: (X) Change () Addition VANDERBERG, PAUL Name: PLATT, JAN Name: Address: 3531 VILLAGE WAY Address: P.O. BOX 24265 City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33623 US Title: () Delete Title: () Change () Addition SCHWEIKHART, KENNETH A Name: Name: 10527 HOMESTEAD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SNODGRASS, CARL Name: Address: 5510 GRAY STREET Address: City-St-Zip: TAMPA, FL 33609 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: J. MEREDITH WESTER RA 04/29/2008