2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N03000001465

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

Current Principal Place of Business:

18560 N. DALE MABRY HIGHWAY
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

P O BOX 17704
TAMPA, FL 336827704

New Mailing Address:

FEI Number: 46-3880436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTER, J. MEREDITH
18560 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 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: P ( ) Delete
Name: PLATT, JAN
Address: 3531 VILLAGE WAY
City-St-Zip: TAMPA, FL 33629 US

Title: V ( ) Delete
Name: VANDERBERG, PAUL
Address: P.O. BOX 24265
City-St-Zip: TAMPA, FL 33623 US

Title: S ( ) Delete
Name: SCHWEIKHART, KENNETH A
Address: 10527 HOMESTEAD DRIVE
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete
Name: SNODGRASS, CARL
Address: 5510 GRAY STREET
City-St-Zip: TAMPA, FL 33609

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: T (X) Change ( ) Addition
Name: ARCIERI, FRANCESCO
Address: 2500 NE COACHMAN RD
City-St-Zip: CLEARWATER, FL 33765

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: FRANCESCO ARCIERI T 02/03/2009
Electronic Signature of Signing Officer or Director — Date