


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 034 ****61.25

DOCUMENT # N26599					
1. Entity Name FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT, INC.					
Principal Place of Business 1300 W BROWARD BLVD FORT LAUDERDALE, FL 33312			Mailing Address PO BOX 1424 HIGHLAND CITY, FL 33846		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-2888218	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEE, JACK 1300 W BROWARD BLVD FT LAUDERDALE POLICE DEPT FORT LAUDERDALE, FL 33312			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, MITZL		NAME		
STREET ADDRESS	POB 1424		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEE, JACK		NAME		
STREET ADDRESS	P.O. BOX 1424		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRERA, CATHY		NAME		
STREET ADDRESS	P.O. BOX 1424		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMER, JAKE		NAME	KYRA GRAVITT	
STREET ADDRESS	PO BOX 1424		STREET ADDRESS	PO BOX 1424	
CITY-ST-ZIP	HIGHLAND CITY, FL 33846		CITY-ST-ZIP	HIGHLAND CITY, FL 33846	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GREG POLLOCK	
STREET ADDRESS			STREET ADDRESS	PO BOX 1424	
CITY-ST-ZIP			CITY-ST-ZIP	HIGHLAND CITY, FL 33846	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Catherine A. Swan</i>			4/22/08		803-297-1164
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>