

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30694

FILED
Apr 25, 2007
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF STATE TROOPERS, INC.

Current Principal Place of Business:

1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 323083778 US

New Principal Place of Business:

Current Mailing Address:

1949 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 323083778 US

New Mailing Address:

FEI Number: 59-2952895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, J. ALAN
1660 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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: MOORE, THOMAS E
Address: 11355 EVA LN
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD () Delete
Name: WITT, DAVID L
Address: 14605 ROCK CREEK RD
City-St-Zip: SHERIDAN, OR 97378

Title: VPD () Delete
Name: BARBIER, KEITH
Address: 22322 RANGEVIEW DR
City-St-Zip: KATY, TX 77450

Title: VPD () Delete
Name: JOHNSON, CLAUDE I
Address: PO BOX 388
City-St-Zip: ELLENDALE, TN 38029

Title: T () Delete
Name: JOHNSON, JAMES D
Address: 2950 SPRING CHASE LN
City-St-Zip: MARIANNA, FL 32446

Title: S () Delete
Name: LANE, JEFFREY
Address: 435 CANTERBURY DR
City-St-Zip: HALIFAX, VA 24558

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:

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Address:
City-St-Zip:

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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: THOMAS MOORE

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date