

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 AUG 30 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000001832 1. Entity Name APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.					
Principal Place of Business 112 E. 6TH ST. APOPKA, FL 32703		Mailing Address 112 E. 6TH ST. APOPKA, FL 32703			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3325253	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAURENDEAU, LINDA A 1785 NORDIC COURT APOPKA, FL 32712			Name Marilyn A. U. McQueen		
			Street Address (P.O. Box Number is Not Acceptable) 11 EAST ALBATROSS STREET		
			City APOPKA FL Zip Code 32712		
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.</small>				DATE 8-23-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TICE, JAMES 8 WEST THRUSH STREET APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURENDEAU, LINDA 1785 NORDIC COURT APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCQUEEN, MARILYN 11 EAST ALGATROSS ST. APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACKS, MARGE 1334 CHEBON COURT APOPKA, FL. 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAURENDEAU, LINDA 1785 NORDIC COURT APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCQUEEN, MARILYN 11 EAST ALGATROSS ST. APOPKA, FL. 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <p>300059387973 09/07/05--01026--021 **70.00</p> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			SIGNATURE: Marilyn A. U. McQueen Date: 8-23-05 Daytime Phone #: 407-889-3166		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		