

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001832

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

112 E. 6TH ST.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

112 E. 6TH ST.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-3325253      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCQUEEN, MARILYN A.U.  
11 EAST ALBATROSS STREET  
APOPKA, FL 32712 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: PD ( ) Delete  
Name: HOOKS, STEVE  
Address: 876 HICKORY KNOLL CT.  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: WEISS, GERALD  
Address: 1547 BELFAST CT.  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: MCQUEEN, MARILYN  
Address: 11 EAST ALBATROSS ST.  
City-St-Zip: APOPKA, FL 32712

Title: BOD ( ) Delete  
Name: SCHIERMEYER, DOUGLAS  
Address: 2072 SAYGRASS DR.  
City-St-Zip: APOPKA, FL 32712

Title: BOD ( ) Delete  
Name: GRAY, WAYNE  
Address: 2169 LAKE MARION DR.  
City-St-Zip: APOPKA, FL 32712

Title: BOD ( ) Delete  
Name: GRAY, JUDITH  
Address: 2169 LAKE MARION DR.  
City-St-Zip: APOPKA, FL 32712

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BOD (X) Change ( ) Addition  
Name: CRUSCO, LOUIS  
Address: 1240 GLENMORE DRIVE  
City-St-Zip: APOPKA, FL 32712

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: MARILYN USTLER MCQUEEN

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date