2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001574

FILED Jan 12, 2005 Secretary of State

Entity Name: THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

Sullelli F	rincipal Place	of Business:	New Principal P	ace of Business:
	EACA DRIVE TON, FL 3241	4		
Current N	lailing Addres	ss:	New Mailing Add	dress:
	EACA DRIVE TON, FL 3341	4		
FEI Number	: 59-3495705	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:
2900 APA TALLAHA	SSEE, FL 323			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,
SIGNATU	RE:			
		nic Signature of Registered A	ront	Data
	Electron	iic Signature or Registered Aç	gent	Date
OFFICER	Electror S AND DIREC			NGES TO OFFICERS AND DIRECTOR
OFFICER litle: lame: Address: City-St-Zip:	S AND DIREC	TORS: Delete EVEN A PRES INE DRIVE		
Fitle: Name: Address:	D () SHEFFER, STE 4332 KINCARD JACKSONVILL	TORS: Delete EVEN A PRES JINE DRIVE E, FL 32257 Delete PH K VP/CFO A DR	ADDITIONS/CHA Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR
Title: Jame: Address: City-St-Zip: Title: Jame: Address:	D () SHEFFER, STE 4332 KINCARD JACKSONVILLI D () TORRES, RALI 12277 AREACA WELLINGTON, D () BARBER, DANI 8624 GREEN C	TORS: Delete EVEN A PRES DINE DRIVE E, FL 32257 Delete PH K VP/CFO A DR FL 33414 Delete NY VP	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS () Change () Addition
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	D () SHEFFER, STE 4332 KINCARE JACKSONVILLI D () TORRES, RALI 12277 AREACA WELLINGTON, D () BARBER, DANI 8624 GREEN C	TORS: Delete EVEN A PRES SINE DRIVE E, FL 32257 Delete PH K VP/CFO A DR FL 33414 Delete NY VP EACH, FL 33411 Delete A VP INTS CIRCLE	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH TORRES CFO 01/12/2005