

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001574

FILED
Feb 10, 2006
Secretary of State

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

Current Principal Place of Business:

12277 AREACA DRIVE
WELLINGTON, FL 32414

New Principal Place of Business:

2900 APALACHEE PARKWAY
MS45
TALLAHASSEE, FL 32399

Current Mailing Address:

12277 AREACA DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 59-3495705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUIDRY, KEVIN CHIEF
2900 APALACHEE PKWY, RM B333 M5-51
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

HOWES, KEN LTC
2900 APALACHEE PKWY,
MS45
TALLAHASSEE,, FL 32399 US

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: KEN HOWES

02/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEFFER, STEVEN A PRES
Address: 4332 KINCARDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: TORRES, RALPH K VP/CFO
Address: 12277 AREACA DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BARBER, DANNY VP
Address: 8624 GREEN CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: COLEY, DAVID A VP
Address: 5130 PRESIDENTS CIRCLE
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Delete
Name: PRICE, SPENCE VP
Address: 12277 AREACA DR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TORRES, RALPH K D/CFO
Address: 12277 AREACA DR
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: BARBER, DANNY D
Address: 8624 GREEN CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Change () Addition
Name: WARRICK, GEORGE P D
Address: 4360 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH TORRES

D

02/10/2006

Electronic Signature of Signing Officer or Director

Date